| Fill in this information to identify you | ur case:  |                              |
|--|---|------------------------------|
| United States Bankruptcy Court for       | the:  |                              |
| Northern District of II                  | linois  |                              |
| Case number (If known):                  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if thi<br>amended fi |

### Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   | Mark   |   |
|     | Write the name that is on your   | First name                                     | First name                                    |
|     | government-issued picture  | W.   | <u> </u>                                      |
|     | identification (for example, your driver's license or passport).                                   | Middle name                                    | Middle name                                   |
|     |  | Weiner   |   |
|     | Bring your picture identification to your meeting with the trustee.                                | Last name                                      | Last name                                     |
|     |  | Suffix (Sr., Jr, II, III)                      | Suffix (Sr., Jr, II, III)                     |
|     |  |  |   |
| 2.  | All other names you have used in the last 8 years  | First name                                     | First name                                    |
|     | Include your married or maiden<br>names and any assumed, trade<br>names and doing business as      | Middle name                                    | Middle name                                   |
|     | names.   | Last name                                      | Last name                                     |
|     | Do NOT list the name of any  |  | <u> </u>                                      |
|     | separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. | First name                                     | First name                                    |
|     | that is not himly this petition.   | Middle name                                    | Middle name                                   |
|     |  | Last name                                      | Last name                                     |
|     |  | Business name (if applicable)                  | Business name (if applicable)                 |
|     |  | Business name (if applicable)                  | Business name (if applicable)                 |
|     |  |  |   |
| 3.  | Only the last 4 digits of your   | xxx - xx - <u>3 <u>3</u> <u>0</u> <u>3</u></u> | xxx - xx                                      |
|     | Social Security number or<br>federal Individual Taxpayer   | OR   | OR  |
|     | Identification number (ITIN)   | <b>9</b> xx - xx                               | 9xx - xx                                      |

| Deb | otor 1                     | Mark                             | W.        |   | Weiner   |                                       | Ca                     | ase number (if known) —   |                      |                                 |
|-----|----------------------------|----------------------------------|-----------|---|--|---------------------------------------|------------------------|---|----------------------|---------------------------------|
|     |                            | First Name                       | Middl     | e Name                                      | Last Name  | _                                     |                        | ,   |                      |                                 |
|     |                            |                                  | Abo       | out Debtor 1:                               |  |                                       | About Del              | btor 2 (Spouse Only in  | a Joint              | Case):                          |
| 4.  | Your Employ<br>Number (EIN | ver Identification<br>), if any. | EIN       |   |  |                                       |                        |   |                      | _                               |
|     |                            |                                  | EIN       |   |  |                                       | EIN                    | - — — — -   |                      | _                               |
| 5.  | Where you li               | ve                               |           |   |  |                                       | If Debtor 2            | 2 lives at a different ad   | dress:               |                                 |
|     |                            |                                  |           | 31 Hill Ln                                  |  |                                       |                        |   |                      |                                 |
|     |                            |                                  | Nun       | nber Street                                 | t  |                                       | Number                 | Street  |                      |                                 |
|     |                            |                                  | Wi        | Imette, IL 6009                             | 1-2028   |                                       |                        |   |                      |                                 |
|     |                            |                                  | City      |   | State  | ZIP Code                              | City                   |   | State                | ZIP Code                        |
|     |                            |                                  | <u>Co</u> |   |  |                                       |                        |   |                      |                                 |
|     |                            |                                  | Cou       | inty  |  |                                       | County                 |   |                      |                                 |
|     |                            |                                  | fill i    |   | Iress is different from that the court will seaddress. |                                       | it in here.            | 2's mailing address is on Note that the court will iling address. |                      |                                 |
|     |                            |                                  | Nun       | nber Street                                 | t  |                                       | Number                 | Street  |                      |                                 |
|     |                            |                                  | P.O.      | . Box                                       |  |                                       | P.O. Box               |   |                      |                                 |
|     |                            |                                  | City      |   | State  | ZIP Code                              | City                   |   | State                | ZIP Code                        |
| 6.  |                            | choosing this                    | Che       | eck one:                                    |  |                                       | Check one              | e:  |                      |                                 |
|     | district to file           | e for bankruptcy                 | <b>A</b>  | Over the last 1 have lived in the district. | 80 days before filing his district longer that         | g this petition, I<br>an in any other | Over that the district | the last 180 days before<br>lived in this district long<br>ct.    | e filing ther than i | nis petition, I<br>in any other |
|     |                            |                                  |           | I have another<br>(See 28 U.S.C             | reason. Explain.<br>. § 1408)                          |                                       |                        | e another reason. Expla<br>28 U.S.C. § 1408)                      | iin.                 |                                 |
|     |                            |                                  |           |   |  |                                       |                        |   |                      |                                 |
|     |                            |                                  |           |   |  |                                       |                        |   |                      |                                 |
|     |                            |                                  |           |   |  |                                       |                        |   |                      |                                 |

Debtor 1 Weiner Case number (if known) \_\_\_\_ First Name Middle Name Last Name Tell the Court About Your Bankruptcy Case The chapter of the Bankruptcy Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Code you are choosing to file under  $\mathbf{\Lambda}$ Chapter 7 Chapter 11 Chapter 12 Chapter 13 I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more How you will pay the fee details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.  $\mathbf{\Delta}_{No}$ Have you filed for bankruptcy within the last 8 years? Yes. District \_\_\_\_\_ When \_\_\_\_ Case number \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_ Case number District When  $\mathbf{\Delta}_{No}$ 10. Are any bankruptcy cases pending or being filed by a Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_ spouse who is not filing this case with you, or by a When Case number, if known business partner, or by an MM / DD / YYYY affiliate? Debtor Relationship to you \_\_\_\_Case number, if known \_\_\_\_\_ When MM / DD / YYYY ☐ No. Go to line 12. 11. Do you rent your residence? Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12.

as part of this bankruptcy petition.

☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it

| ehi | or 1 <b>Mark</b>  | W.           | Weiner                      |                          | Case number (if known)   |
|-----|---|--------------|-----------------------------|--------------------------|--------------------------|
| 0.0 | First Name  | Middle Name  | Last Name                   |                          | Case number (ii known) — |
| ar  | 3: Report About Any Busin   | esses You Ow | vn as a Sole Proprieto      | or                       |                          |
| 12. | Are you a sole proprietor of any full- or part-time business?                             | No. Go to F  | Part 4.                     |                          |                          |
|     | A sole proprietorship is a business you operate as an individual, and is not a separate   | Name of bus  |                             |                          |                          |
|     | legal entity such as a corporation, partnership, or LLC.                                  | Number       | Street                      |                          |                          |
|     | If you have more than one sole proprietorship, use a separate sheet and attach it to this |              |                             |                          |                          |
|     | petition.   | City         |                             | State                    | ZIP Code                 |
|     |   | Check the    | appropriate box to describ  | ne your business:        |                          |
|     |   | ☐ Health     | Care Business (as define    | d in 11 U.S.C. § 101(27  | A))                      |
|     |   | ☐ Single     | Asset Real Estate (as def   | ined in 11 U.S.C. § 101( | (51B))                   |
|     |   | ☐ Stockb     | roker (as defined in 11 U.  | S.C. § 101(53A))         |                          |
|     |   | ☐ Commo      | odity Broker (as defined ir | n 11 U.S.C. § 101(6))    |                          |
|     |   | ☐ None o     | of the above                |                          |                          |

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S. C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

| ng under Chapter 11. |
|----------------------|
| ng under Chapter     |

- No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- ☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

| Deb | tor 1        | Mark  | W.         | Weiner                      | Case number (if known)                      |  |
|-----|--------------|---|------------|-----------------------------|---|--|
|     |              | First Name  | Middle Nam | ne Last Name                | , ,   |  |
| Par | t 4: Report  | if You Own or Ha  | ave Any H  | azardous Property or        | Any Property That Needs Immediate Attention |  |
| 14. | Do you owr   | or have any   | ☑ No.      |                             |   |  |
|     |              | at poses or is<br>ose a threat of                               | ☐ Yes.     | What is the hazard?         |   |  |
|     |              | nd identifiable<br>ublic health or                              |            |                             | <u> </u>                                    |  |
| sa  |              | afety? Or do you own any roperty that needs immediate ttention? |            |                             |   |  |
|     | attention?   |   |            | If immediate attention is r | needed, why is it needed?                   |  |
|     | perishable g | , do you own<br>oods, or livestock                              |            |                             |   |  |
|     |              | at must be fed, or a building at needs urgent repairs?          |            |                             |   |  |
|     |              |   |            | Where is the property?      |   |  |
|     |              |   |            |                             | Number Street                               |  |
|     |              |   |            |                             |   |  |

City

State

ZIP Code

| $\Box$ | htor | 1 |
|--------|------|---|

 Mark
 W.
 Weiner
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Counseling because of.

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in

person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in

a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.

You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of

realizing or making rational decisions about finances.

Disability. My physical disability causes me to be

unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

|  |   | Name Last Name   |  |  |  |  |
|--|---|--|--|--|--|--|
| Part 6: Answer These Questions   | for R   | eporting Purposes  |  |  |  |  |
| 16. What kind of debts do you have?  | 16b.  | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.  Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.  State the type of debts you owe that are not consumer debts or business debts. |  |  |  |  |
|  |   |  |  |  |  |  |
| 17. Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | <b>□</b>  | <ul> <li>No. I am not filing under Chapter 7. Go to line 18.</li> <li>Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</li> <li>✓ No</li> <li>☐ Yes</li> </ul>   |  |  |  |  |
| 18. How many creditors do you estimate that you owe?   |   | 1-49   | 0  | 25,001-50,000 50,000   | )-100,(                                  | 000  |
| 19. How much do you estimate your assets to be worth?  |   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   |  | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million   |  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20. How much do you estimate your liabilities to be?  Part 7: Sign Below   |   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   |  | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million   |  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| If I have chestates Cooling to attorn have obtain I request rule understate bankruptcy and 3571.   | nosen<br>de. I u<br>ney rep<br>ned a<br>elief ir<br>nd ma<br>y case<br>Mark<br>k W. V | to file under Chapter 7, I am avenderstand the relief available uppresents me and I did not pay on the read the notice required by accordance with the chapter oking a false statement, concea   | ware<br>inder<br>or ag<br>11 U<br>of title | each chapter, and I choose to pro<br>ree to pay someone who is not an<br>.S.C. § 342(b).<br>e 11, United States Code, specified<br>property, or obtaining money or pro | ler Cha<br>ceed of<br>attorn<br>d in thi | apter 7, 11,12, or 13 of title 11, United under Chapter 7. sey to help me fill out this document, I is petition.     |

Weiner

Case number (if known) -

Debtor 1

| Debtor 1 | Mark |
|----------|------|

 Mark
 W.
 Weiner
 Case number (if known)

 First Name
 Middle Name
 Last Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Christine Thurston           | Date <u>01/16/2023</u>                      |
|----------------------------------|---|
| Signature of Attorney for Debtor | MM / DD / YYYY                              |
|                                  |   |
| Christine Thurston               |   |
| Printed name                     |   |
| Thurston Law Firm                |   |
| Firm name                        |   |
| Po Box 4018                      |   |
| Number Street                    |   |
|                                  |   |
| Itasca                           | IL 60143-4018                               |
| City                             | State ZIP Code                              |
|                                  |   |
| Contact phone (312) 818-8008     | Email address cthurston@thurstonlawfirm.com |
|                                  |   |
| 6297774                          | <u>IL</u>                                   |
| Bar number                       | State                                       |

| this information   | n to identify your ca | se and this filing: |                               |                                    |
|--------------------|-----------------------|---------------------|-------------------------------|------------------------------------|
| btor 1             | _Mark                 | W.                  | Weiner                        |                                    |
|                    | First Name            | Middle Name         | Last Name                     |                                    |
| ebtor 2            |                       |                     |                               |                                    |
| spouse, if filing) | First Name            | Middle Name         | Last Name                     |                                    |
| nited States Bank  | ruptcy Court for the  | :                   | Northern District of Illinois | <br><b>D</b>                       |
| ase number         |                       |                     |                               | Check if this is an amended filing |
|                    |                       | <u> </u>            |                               | 3                                  |
| fficial Form       | 106A/B                |                     |                               |                                    |
| chedule A          | <br>A/B: Prop         | ⊃rtv                |                               |                                    |

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Part 1: 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ✓ No. Go to Part 2. ☐ Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the Street address, if available, or other description amount of any secured claims on Schedule D: Creditors ☐ Single-family home Who Have Claims Secured by Property. ■ Duplex or multi-unit building Current value of the Current value of the ☐ Condominium or cooperative entire property? portion you own? ■ Manufactured or mobile home City State ZIP Code Land ■ Investment property Describe the nature of your ownership interest ☐ Timeshare (such as fee simple, tenancy by the entireties, or a County life estate), if known. Other -Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only ☐ Check if this is community property (see instructions) Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: -2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages \$0.00 you have attached for Part 1. Write that number here.....

| Debt   | tor 1                                    | Mark<br>First Name | W.<br>Middle Name   | Weiner Last Name   | Case number (if known)  |   |
|--------|--|--------------------|---|--|---|---|
|        |  | Tilotivallie       | ivildule Ivairie  | Lastivanie   |   |   |
| Par    | t 2: Desc                                | ribe Your Vel      | nicles  |  |   |   |
|        |  |                    |   |  |   |   |
| you 3. | own that so                              | meone else driv    | al or equitable inter<br>es. If you lease a ve<br>s, sport utility vehicl<br>Suburu | hicle, also report it on Schedule G: Ex  | registered or not? Include any vehicles executory Contracts and Unexpired Leases.  Property Check one.  Do not deduct secured claim | ns or exemptions. Put the   |
|        | Model:                                   |                    | Outback   | Debtor 1 only  |   | ms on Schedule D: Creditors   |
|        | Year:                                    |                    | 2017  | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | Current value of the  | Current value of the  |
|        | Approx                                   | imate mileage:     | <u>50k</u>  | At least one of the debtors and a  | nother entire property? \$13,300.00   | portion you own?<br>\$13,300.00   |
|        | Other in                                 | nformation:        |   | Check if this is community properties (see instructions)   | erty  |   |
| 5.     | Examples:  No Yes  Add the do you have a | Boats, trailers, r | motors, personal war<br>e portion you own fo<br>t 2. Write that numb                | other recreational vehicles, other vehicles of the recreational vehicles, other vehicles of the recreation of the recrea | , motorcycle accessories  uding any entries for pages   | <b>→</b> \$13,300.00  |
|        |  |                    | rsonal and House<br>or equitable interes  | it in any of the following items?  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|        |  | goods and furn     | _   |  |   |   |
|        | □ No                                     | Major appliance    | es, furniture, linens, o  | china, kitchenware  ehold goods and furnishings  |   | 1   |
|        | Yes. De                                  | scribe             | various used flouse   | enola goods and furnishings  |   | \$750.00  |
|        | •  | Televisions and    |   | , stereo, and digital equipment; comp<br>ding cell phones, cameras, media play   | · · · · · · · · · · · · · · · · · · ·   |   |
|        | ☐ No<br>☑ Yes. De                        | scribe             | Various used electr   | onics  |   | \$250.00  |
| 8. (   | Collectibles                             | of value           |   |  |   |   |
|        |  |                    |   | rints, or other artwork; books, pictures<br>tions; other collections, memorabilia, o   | •   |   |
|        | ☑ No<br>☐ Yes. De                        | scribe             |   |  |   |   |
|        |  |                    |   |  |   |   |

| Debt | tor 1                    | Mark                               | W.                       | Weiner                            | Case number (if known) _                  |   |
|------|--------------------------|------------------------------------|--------------------------|-----------------------------------|---|---|
|      |                          | First Name                         | Middle Name              | Last Name                         | , , , , –                                 |   |
|      |                          |                                    |                          |                                   | pool tables, golf clubs, skis; canoes and |   |
|      | <b>√</b> No<br>□ Yes. De | scribe                             | y tools, madical monal   | ione -                            |   |   |
| 10.  | <b>✓</b> No              | : Pistols, rifles, sh              | notguns, ammunition, a   | and related equipment             |   |   |
| 11.  | ☐ No                     | Г.                                 | es, furs, leather coats, | designer wear, shoes, accessor    | ries                                      | \$250.00  |
| 12.  | Jewelry                  | escribe                            | ry, costume jewelry, en  | gagement rings, wedding rings     | , heirloom jewelry, watches, gems, gold,  |   |
|      | ☐ No<br>☑ Yes. D         | escribe                            | Various used costume     | jewelry                           |   | \$500.00  |
| 13.  | <b>√</b> No              | animals : Dogs, cats, bird escribe | s, horses                |                                   |   |   |
| 14.  | <b>√</b> No              | personal and how                   | usehold items you dic    | I not already list, including any | health aids you did not list              |   |
| 15.  |                          |                                    |                          | art 3, including any entries for  |   | \$1,750.00  |
|      |                          | cribe Your Fina                    |                          |                                   |   |   |
| Do   | you own o                | r have any legal o                 | or equitable interest in | any of the following?             |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16.  | Examples<br><b>√</b> No  |                                    |                          |                                   | nd on hand when you file your petition    |   |

Debtor 1

Mark

W.

Weiner

| Debt | or 1              | Mark  | W.                        | Weiner                             | Case number (if known                  | )             |
|------|-------------------|---|---------------------------|------------------------------------|--|---------------|
|      |                   | First Name                                    | Middle Name               | Last Name                          |  |               |
| 17.  | Deposits of       | money   |                           |                                    |  |               |
|      | •                 | •   | or other financial accoun | ts: certificates of denosit: share | es in credit unions, brokerage houses, |               |
|      |                   |   |                           | tiple accounts with the same in    |  |               |
|      | ☐ No              |   |                           |                                    |  |               |
|      | <b>₫</b> Yes      |   |                           |                                    |  |               |
|      |                   |   | Land Charles and a second |                                    |  |               |
|      | 47.4 051          |   | Institution name:         |                                    |  | <b>*05.00</b> |
|      | 17.1. Check       | -   | Bank of America           |                                    |  | \$65.00       |
|      | 17.2. Check       | ing account:                                  | Bank of America           |                                    | <del></del>                            | \$700.00      |
| 18.  | Bonds, mut        | ual funds, or public                          | ly traded stocks          |                                    |  |               |
|      | Examples:         | Bond funds, investm                           | nent accounts with broke  | rage firms, money market acco      | punts                                  |               |
|      | <b>√</b> No       |   |                           |                                    |  |               |
|      | ☐ Yes             |   |                           |                                    |  |               |
|      | Institution or    | issuer name:                                  |                           |                                    |  |               |
|      |                   |   |                           |                                    |  |               |
|      |                   |   |                           |                                    |  |               |
|      |                   |   |                           |                                    |  |               |
| 19.  |                   | y traded stock and i<br>tnership, and joint v |                           | and unincorporated busines         | ses, including an interest in          |               |
|      | <b>√</b> No       |   |                           |                                    |  |               |
|      | Yes. Give         |   |                           |                                    |  |               |
|      |                   | on about                                      |                           |                                    |  |               |
|      | them              |   |                           | 0/ - (                             | •••                                    |               |
|      | Name of ent       | ity:  |                           | % of owners                        | ııp:                                   |               |
|      |                   |   |                           |                                    |  |               |
|      |                   |   |                           |                                    |  |               |
| 20.  | Governmen         | t and corporate bor                           | nds and other negotiable  | and non-negotiable instrume        | ents                                   |               |
|      | Negotiable i      | nstruments include p                          | personal checks, cashiers | s' checks, promissory notes, an    | d money orders.                        |               |
|      | Non-negotia       | ble instruments are                           | those you cannot transfe  | er to someone by signing or del    | ivering them.                          |               |
|      | <b>☑</b> No       |   |                           |                                    |  |               |
|      | Yes. Giv          | e specific                                    |                           |                                    |  |               |
|      | informati<br>them | on about                                      |                           |                                    |  |               |
|      |                   |   |                           |                                    |  |               |
|      | Issuer name       | :   |                           |                                    |  |               |
|      |                   |   |                           |                                    | <u> </u>                               |               |
|      |                   |   |                           |                                    |  |               |
| 21.  | Retirement        | or pension account                            | s                         |                                    |  |               |
|      |                   | Interests in IRA, ER                          | ISA, Keogh, 401(k), 403   | (b), thrift savings accounts, or o | other pension or profit-sharing plans  |               |
|      | <b>√</b> No       |   |                           |                                    |  |               |
|      | Yes. List         |   |                           |                                    |  |               |
|      |                   | separately.                                   |                           |                                    |  |               |
|      | Type of acco      | ount: Institut                                | ion name:                 |                                    |  |               |
|      | 401(k) or sin     | nilar nlan:                                   |                           |                                    |  |               |
|      | 701(N) UI SII     | ıшаг ріан. ———                                |                           |                                    | <del></del>                            |               |
|      |                   |   |                           |                                    |  |               |
|      | Pension plan      | n:  |                           |                                    |  |               |
|      |                   |   |                           |                                    |  |               |
|      | IRA:              |   |                           |                                    |  |               |
|      |                   |   |                           |                                    |  |               |

| Debt | or 1            | Mark       | W.                                      | Weiner                                | Case number (if known)                 |
|------|-----------------|------------|---|---------------------------------------|--|
|      |                 | First Nam  | e Middle Name                           | Last Name                             |  |
|      |                 |            |   |                                       |  |
|      |                 |            |   |                                       |  |
|      | Retirement a    | ccount:    |   |                                       |  |
|      |                 |            |   |                                       | <del></del>                            |
|      |                 |            |   |                                       |  |
|      | Keogh:          |            |   |                                       |  |
|      |                 |            |   |                                       |  |
|      |                 |            |   |                                       |  |
|      | Additional acc  | count:     | -                                       |                                       |  |
|      |                 |            |   |                                       |  |
| 22.  | Security dep    | osits and  | l prepayments                           |                                       |  |
|      | Your share of   | all unus   | ed deposits you have made so            | that you may continue servi           | e or use from a company                |
|      | Examples: Ad    | areement   | s with landlords, prepaid rent, r       | oublic utilities (electric, gas,      | vater), telecommunications companies,  |
|      | or others       | ,          | - ····· · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | ,                                      |
|      | <b>√</b> No     |            |   |                                       |  |
|      | Yes             |            |   |                                       |  |
|      | Yes             |            |   |                                       |  |
|      |                 | In         | stitution name or individual:           |                                       |  |
|      |                 |            |   |                                       |  |
|      | Electric:       | _          |   |                                       |  |
|      |                 |            |   |                                       |  |
|      | 0               |            |   |                                       |  |
|      | Gas:            | _          |   |                                       | <del></del>                            |
|      |                 |            |   |                                       |  |
|      | Heating oil:    |            |   |                                       |  |
|      | Ü               | _          |   |                                       | <del></del>                            |
|      |                 |            |   |                                       |  |
|      | Security depo   | osit on re | ntal unit:                              |                                       |  |
|      |                 |            |   |                                       |  |
|      | Prepaid rent:   |            |   |                                       |  |
|      | Prepaid ferit.  | _          |   |                                       | <del></del>                            |
|      |                 |            |   |                                       |  |
|      | Telephone:      |            |   |                                       |  |
|      |                 |            |   |                                       |  |
|      |                 |            |   |                                       |  |
|      | Water:          | _          |   |                                       |  |
|      |                 |            |   |                                       |  |
|      | Rented furnit   | uro.       |   |                                       |  |
|      | rtented famili  |            |   |                                       | <del></del>                            |
|      |                 |            |   |                                       |  |
|      | Other:          | _          |   |                                       |  |
|      |                 |            |   |                                       |  |
| 23.  | Annuities (A    | contract   | for a periodic payment of mone          | y to you, either for life or for      | a number of years)                     |
|      |                 |            |   |                                       | •                                      |
|      | <b>√</b> No     |            |   |                                       |  |
|      | ☐ Yes           |            |   |                                       |  |
|      | Issuer name     | and desc   | ription:                                |                                       |  |
|      |                 |            |   |                                       |  |
|      |                 |            |   |                                       |  |
|      |                 |            |   |                                       |  |
| 24   | Interacte in a  | n aduas    | ion IDA in an account in a con-         | alified ARI E program as              | der a qualified state tuition program. |
| ∠4.  |                 |            |   | anneu ADLE program, or u              | uei a quaimeu state tuition program.   |
|      |                 | 530(b)(1   | ), 529A(b), and 529(b)(1).              |                                       |  |
|      | <b>√</b> No     |            |   |                                       |  |
|      | ☐ Yes           |            |   |                                       |  |
|      |                 |            |   |                                       | 0.0.0-04/                              |
|      | Institution nar | me and d   | escription. Separately file the re      | ecords of any interests. 11 L         | .S.U. § 521(c):                        |
|      |                 |            |   |                                       |  |
|      |                 |            |   |                                       | <del></del>                            |
|      |                 |            |   |                                       |  |

| Debt | or 1  | Mark                                      | W.           | Weiner  | Case number (if known).                    |   |  |
|------|---|---|--------------|---|--|---|--|
|      |   | First Name                                | Middle N     | ame Last Name   |  |   |  |
| 25.  | <ol> <li>Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for<br/>your benefit</li> </ol> |   |              |   |  |   |  |
|      | ✓ No<br>☐ Yes. Give<br>information  | e specific<br>on about them               |              |   |  |   |  |
| 26.  | -   |   |              | crets, and other intellectual property es, proceeds from royalties and licensing ag | areements                                  |   |  |
|      | ✓ No<br>☐ Yes. Give   |   |              | os, prosocio il omi ogalico ana ilogi cing as                                       | ,  |   |  |
| 27.  | Examples: E   | orofessional license                      | clusive lice | ntangibles<br>nses, cooperative association holdings, liqu                          | or licenses,                               |   |  |
|      | mormane   | on about them                             |              |   |  |   |  |
| Mone | ey or property  | owed to you?                              |              |   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |  |
| 28.  | Tax refunds   | owed to you                               |              |   |  |   |  |
|      | ☐ No  |   | ı            |   |  |   |  |
|      |   | e specific information, including whether |              | 2022   Anticipated tax refund   | Federal:                                   | \$2,000.00  |  |
|      | alrea   | ady filed the return                      | s and        |   | State:                                     |   |  |
|      | the t   | tax years                                 |              |   | Local:                                     |   |  |
| 29.  | Family supp   | ort                                       |              |   |  |   |  |
|      |   |   | um alimony   | spousal support, child support, maintenance   | ce, divorce settlement, property settlemer | nt  |  |
|      | _ <b>√</b>  |   |              |   |  |   |  |
|      | ✓ No<br>☐ Yes. Give   | e specific information                    | on           |   | Alimony:                                   |   |  |
|      |   |   |              |   |  |   |  |
|      |   |   |              |   | Maintenance:                               |   |  |
|      |   |   |              |   | Support:                                   |   |  |
|      |   |   |              |   | Divorce settlement:                        |   |  |
|      |   |   |              |   | Property settlement:                       |   |  |
|      |   |   |              |   |  |   |  |
| 30.  |   | nts someone owes                          | -            |   |  |   |  |
|      |   |   |              | nce payments, disability benefits, sick pay, d loans you made to someone else       | vacation pay, workers' compensation,       |   |  |
|      | <b>✓</b> No   |   | 1            |   |  |   |  |
|      | ☐ Yes. Give   | e specific information                    | on           |   |  |   |  |
|      |   |   |              |   |  |   |  |

W.

|     | First Name   | Middle Nam       | e Last Name                      |   |   |
|-----|--|------------------|----------------------------------|---|---|
|     |  |                  |                                  |   |   |
| 31. | Interests in insurance policies                    |                  |                                  |   |   |
|     | Examples: Health, disability, or                   | r life insurance | ; health savings account (HSA)   | ; credit, homeowner's, or renter's insurance    |   |
|     | ☐ No   |                  |                                  |   |   |
|     | Yes. Name the insurance of                         | ompany           | Company name:                    | Beneficiary:                                    | Surrender or refund value:              |
|     | of each policy and list                            | its value        | Term life and health insuran     | ce  | \$1.00                                  |
|     |  |                  |                                  |   | <u> </u>                                |
| 32. | Any interest in property that is                   | due you from     | someone who has died             |   |   |
|     |  | _                |                                  | ce policy, or are currently entitled to receive |   |
|     | property because someone has                       |                  |                                  | ·   |   |
|     | <b>☑</b> No  | _                |                                  |   | 1                                       |
|     | Yes. Give specific information                     | on               |                                  |   |   |
|     |  |                  |                                  |   |   |
|     |  |                  |                                  |   |   |
| 33. | Claims against third parties, w                    | hether or not    | you have filed a lawsuit or mad  | de a demand for payment                         |   |
|     | Examples: Accidents, employr                       | nent disputes,   | insurance claims, or rights to s | ue  |   |
|     | <b>☑</b> No  |                  |                                  |   | 1                                       |
|     | ☐ Yes. Describe each claim                         |                  |                                  |   |   |
|     |  |                  |                                  |   |   |
|     |  |                  |                                  |   |   |
| 34. | Other contingent and unliquidate to set off claims | ated claims of   | every nature, including count    | erclaims of the debtor and rights               |   |
|     | <b>☑</b> No  | _                |                                  |   |   |
|     | Yes. Describe each claim                           |                  |                                  |   |   |
|     |  |                  |                                  |   |   |
|     |  |                  |                                  |   |   |
| 35  | Any financial assets you did no                    | ot already list  |                                  |   |   |
| 00. |  | ot an cady not   |                                  |   |   |
|     | ✓ No ☐ Yes. Give specific information              |                  |                                  |   | ]                                       |
|     | res. Give specific information                     | on               |                                  |   |   |
|     |  |                  |                                  |   |   |
| 36  | Add the dollar value of all of you                 | our entries fro  | m Part 4 including any entries   | s for nages you have attached                   |   |
| 00. |  |                  |                                  | → ·····   | \$2,766.00                              |
|     |  |                  |                                  |   |   |
| Par | t 5: Describe Any Busines                          | s-Related P      | roperty You Own or Have          | an Interest In. List any real estate in Pa      | rt 1                                    |
|     | -  |                  | · · ·                            | · · · · · · · · · · · · · · · · · · ·           |   |
| 37. | Do you own or have any legal of No. Go to Part 6.  | or equitable ir  | terest in any business-related   | property?                                       |   |
|     |  |                  |                                  |   |   |
|     | Yes. Go to line 38.                                |                  |                                  |   |   |
|     |  |                  |                                  |   | Current value of the                    |
|     |  |                  |                                  |   | portion you own?  Do not deduct secured |
|     |  |                  |                                  |   | claims or exemptions.                   |
| 38. | Accounts receivable or commi                       | issions you al   | ready earned                     |   |   |
|     | <b>☑</b> No  |                  | -                                |   | 1                                       |
|     | Yes. Describe                                      |                  |                                  |   |   |
|     |  |                  |                                  |   |   |
|     |  |                  |                                  |   |   |

Debtor 1

Mark

W.

Weiner

Case number (if known) \_\_\_

Official Form 106A/B Schedule A/B: Property page 7

| Debt | tor 1         | Mark                | W.                        | Weiner                    | Case number (if known)   | _ |
|------|---------------|---------------------|---------------------------|---------------------------|--|---|
|      |               | First Name          | Middle Name               | Last Name                 |  |   |
|      |               |                     |                           |                           |  |   |
|      |               |                     |                           |                           |  |   |
| 39.  |               | pment, furnishing   |                           |                           |  |   |
|      | Examples:     | Business-related    | l computers, software, i  | modems, printers, copiers | s, fax machines, rugs, telephones, desks, chairs, electronic devices |   |
|      | _             |                     |                           |                           |  |   |
|      | <b>₫</b> No   |                     |                           |                           |  |   |
|      | Yes. De       | scribe              |                           |                           |  |   |
|      |               |                     |                           |                           |  |   |
|      |               |                     |                           |                           |  |   |
| 40.  | Machinery,    | fixtures, equipm    | ent, supplies you use i   | n business, and tools of  | your trade   |   |
|      | <b>√</b> No   |                     |                           |                           |  |   |
|      |               | scribe              |                           |                           |  |   |
|      | Tes. De       | SCIDE               |                           |                           |  |   |
|      |               |                     |                           |                           |  |   |
| 11   | Inventory     |                     |                           |                           |  |   |
| 41.  | inventory     |                     |                           |                           |  |   |
|      | <b>√</b> No   |                     |                           |                           |  |   |
|      | ☐ Yes. De     | scribe              |                           |                           |  |   |
|      |               | _                   |                           |                           |  |   |
|      |               |                     |                           |                           |  |   |
| 42.  | Interests in  | partnerships or     | joint ventures            |                           |  |   |
|      |               |                     | •                         |                           |  |   |
|      | <b>☑</b> No   |                     |                           |                           |  |   |
|      | ✓ Yes. De     | scribe              |                           |                           |  |   |
|      | Name of an    | 4:4                 |                           | 0/                        | of our orabin.   |   |
|      | Name of en    | ility:              |                           | 70                        | of ownership:  |   |
|      |               |                     |                           |                           | %  |   |
|      |               |                     |                           |                           |  |   |
|      |               |                     |                           |                           |  |   |
| 43.  |               | ists, mailing lists | , or other compilations   | 3                         |  |   |
|      | <b>₫</b> No   |                     |                           |                           |  |   |
|      | Yes. Do       | your lists includ   | e personally identifiab   | le information (as define | d in 11 U.S.C. § 101(41A))?  |   |
|      | V             | <b>1</b> No         |                           |                           |  |   |
|      | =             | Yes. Describe       |                           |                           |  |   |
|      | _             | = Tes. Describe     |                           |                           |  |   |
|      |               |                     |                           |                           |  |   |
| 44.  | Any busine    | ess-related prope   | rty you did not already   | list                      |  |   |
|      | <b>√</b> No   |                     |                           |                           |  |   |
|      |               | ro appoific         |                           |                           |  |   |
|      | ☐ Yes. Giv    | tion                |                           |                           |  |   |
|      | moma          |                     |                           |                           |  |   |
|      |               |                     |                           |                           |  |   |
|      |               |                     |                           |                           |  |   |
|      |               |                     |                           |                           |  | _ |
| 45.  |               |                     |                           |                           | for pages you have attached  |   |
|      | for Part 5. V | Write that number   | r nere                    |                           | <b>→</b> \$0.00  |   |
|      |               |                     |                           |                           |  |   |
|      |               |                     |                           |                           |  |   |
| Par  | t 6: Descr    | ibe Any Farm-       | and Commercial Fis        | shing-Related Propert     | y You Own or Have an Interest In.                                    |   |
|      |               |                     | nterest in farmland, list |                           |  |   |
| 46   |               |                     |                           |                           | nial fishing related property?                                       | _ |
| 40.  |               |                     | ai or equitable interest  | in any farm- or commer    | cial fishing-related property?                                       |   |
|      | ☑ No. Go t    | to Part 7.          |                           |                           |  |   |
|      | Yes. Go       | to line 47.         |                           |                           |  |   |
|      |               |                     |                           |                           |  |   |
|      |               |                     |                           |                           | Current value of the   |   |
|      |               |                     |                           |                           | portion you own?   |   |
|      |               |                     |                           |                           | Do not deduct secured claims or exemptions.                          |   |
|      |               |                     |                           |                           | dains of exemptions.   |   |

| Debt        | or 1                                  | Mark             | W.                        | Weiner                                 | Case number (if known) _                          |        |
|-------------|---------------------------------------|------------------|---------------------------|--|---|--------|
|             |                                       | First Name       | Middle Name               | Last Name                              |   |        |
|             |                                       |                  |                           |  |   |        |
| 47.         | Farm animal                           | ls               |                           |  |   |        |
|             | Examples:                             | Livestock, poul  | try, farm-raised fish     |  |   |        |
|             | ✓ No                                  | oo.oo, pou.      |                           |  |   |        |
|             | Yes                                   |                  |                           |  |   |        |
|             | Tes                                   |                  |                           |  |   |        |
| 40          |                                       |                  |                           |  |   |        |
| 48.         | Crops—eith                            | er growing or    | narvested                 |  |   |        |
|             | <b>√</b> No                           |                  |                           |  |   |        |
|             | Yes. Give                             | e specific       |                           |  |   |        |
|             | information                           | on               |                           |  |   |        |
|             |                                       |                  |                           |  |   |        |
| 49.         | Farm and fis                          | shing equipme    | nt, implements, machine   | ry, fixtures, and tools of tr          | rade  |        |
|             | <b>√</b> No                           |                  |                           |  |   |        |
|             | Yes                                   |                  |                           |  |   |        |
|             |                                       |                  |                           |  |   |        |
|             |                                       |                  |                           |  |   |        |
| 50.         | Farm and fis                          | shing supplies   | , chemicals, and feed     |  |   |        |
|             | <b>√</b> No                           |                  |                           |  |   |        |
|             | Yes                                   |                  |                           |  |   |        |
|             |                                       |                  |                           |  |   |        |
|             |                                       |                  |                           |  |   |        |
| 51.         | Any farm- ar                          | nd commercial    | fishing-related property  | you did not already list               |   |        |
|             | <b>√</b> No                           |                  |                           |  |   |        |
|             | Yes. Give                             | e specific       |                           |  |   |        |
|             | information                           | on               |                           |  |   |        |
|             |                                       |                  |                           |  |   |        |
| 52.         | Add the doll                          | ar value of all  | of your entries from Part | 6. including any entries fo            | or pages you have attached                        |        |
| -           | for Part 6. W                         | rite that numb   | er here                   |  | →   | \$0.00 |
|             |                                       |                  |                           |  |   |        |
|             |                                       |                  |                           |  |   |        |
| Par         | t 7: Descri                           | be All Prope     | rty You Own or Have       | an Interest in That Y                  | ou Did Not List Above                             |        |
|             |                                       |                  |                           |  |   |        |
| 53.         |                                       |                  | y of any kind you did not |  |   |        |
|             |                                       | Season tickets   | , country club membership | )                                      |   |        |
|             | <b>☑</b> No                           | [                |                           |  |   |        |
|             | Yes. Give                             | e specific<br>on |                           |  |   |        |
|             | morman                                | OH               |                           |  |   |        |
|             |                                       |                  |                           |  |   |        |
|             |                                       | ı                |                           |  |   |        |
|             | ۱۱ - ۱۱ - ۱۱ - ۱۱ - ۱۱ - ۱۱ - ۱۱ - ۱۱ | an value of all  | of voice author from Deat | 7 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |   |        |
| 54.         | Add the doll                          | ar value of all  | or your entries from Part | 7. Write that number here              | •→  | \$0.00 |
|             |                                       |                  |                           |  |   |        |
| Dar         | t 0.   ict +h                         | o Totale of F    | Each Part of this Forn    | n                                      |   |        |
| Par         | LIST IN                               | e rotais of E    | -acii Pai l Oi lMS FOFF   | 11                                     |   |        |
| 55.         | Part 1: Total                         | real estate, lin | e 2                       |  | →   | \$0.00 |
|             |                                       |                  |                           |  |   | 40.00  |
| 56.         | Part 2: Total                         | vehicles, line   | 5                         | ¢43                                    | ,300.00   |        |
| 50.         | . a                                   | Tornoido, init   | •                         | <u> </u>                               | , <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |        |
| 57          | Part 3: Total                         | nersonal and     | household items, line 15  | ¢1                                     | <u>,750.00</u>                                    |        |
| <b>υ</b> 1. | . 4 5. 10141                          | p3.00.101 0.10   |                           | Ψ1                                     | <u>,, </u>  |        |
|             |                                       |                  |                           |  |   |        |

| Debtor 1           | Mark                    | W.                       | Weiner    |             | _ Case number (if kno         | wn)          |
|--------------------|-------------------------|--------------------------|-----------|-------------|-------------------------------|--------------|
|                    | First Name              | Middle Name              | Last Name |             | ·                             | ·            |
|                    |                         |                          |           |             |                               |              |
| 58. <b>Part 4:</b> | Total financial assets, | line 36                  |           | \$2,766.00  |                               |              |
| 59. <b>Part 5:</b> | Total business-related  | property, line 45        |           | \$0.00      |                               |              |
| 60. <b>Part 6:</b> | Total farm- and fishing | g-related property, line | 52        | \$0.00      |                               |              |
| 61. <b>Part 7:</b> | Total other property no | ot listed, line 54       | +         | \$0.00      |                               |              |
| 62. Total pe       | rsonal property. Add l  | lines 56 through 61      |           | \$17,816.00 | Copy personal property total→ | +\$17,816.00 |
| 63. Total of       | all property on Sched   | lule A/B. Add line 55 +  | line 62   |             |                               | \$17,816.00  |
|                    |                         |                          |           |             |                               |              |

| Fill in this information  | to identify your ca | ase:        |                            |        |                     |  |  |
|---|---------------------|-------------|----------------------------|--------|---------------------|--|--|
| Debtor 1  | Mark                | W.          | Weiner                     |        |                     |  |  |
|   | First Name          | Middle Name | Last Name                  |        |                     |  |  |
| Debtor 2  |                     |             |                            |        |                     |  |  |
| (Spouse, if filing)   | First Name          | Middle Name | Last Name                  |        |                     |  |  |
| United States Bankr   | uptcy Court for the | e: <u>N</u> | lorthern District of Illin | nois   |                     |  |  |
| Case number   |                     |             |                            |        | Check if this is an |  |  |
| (if known)  |                     |             |                            |        | amended filing      |  |  |
|   |                     |             |                            |        |                     |  |  |
| Official Form   | 1060                |             |                            |        |                     |  |  |
| Official Fuffi  | 1000                |             |                            |        |                     |  |  |
| Schedule (  | C: The Pr           | operty Yo   | u Claim as                 | Exempt | 04/22               |  |  |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the |                     |             |                            |        |                     |  |  |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt   |                                      |  |  |  |  |  |  |  |
|---|--------------------------------------|--|--|--|--|--|--|--|
| <ol> <li>Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.</li> <li>You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)</li> <li>You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)</li> <li>For any property you list on Schedule A/B that you claim as exempt, fill in the information below.</li> </ol> |                                      |  |  |  |  |  |  |  |
| Brief description of the property and line on Schedule A/B that lists this property   | Current value of the portion you own | Amount of the exemption you claim  | Specific laws that allow exemption           |  |  |  |  |  |
|   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.   |  |  |  |  |  |  |
| Brief description:  2017 Suburu Outback  Line from Schedule A/B: 3.1  | \$13,300.00                          | \$998.00  100% of fair market value, up to any applicable statutory limit  \$0.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c)  735 ILCS 5/12-1001(b) |  |  |  |  |  |
| Brief description:  Various used household goods and furnishings  Line from  Schedule A/B:  6   | \$750.00                             | \$750.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)                        |  |  |  |  |  |
| 3. Are you claiming a homestead exemption of more than \$189,050?  (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)  Value No  Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  No  Yes   |                                      |  |  |  |  |  |  |  |

| Debtor | 1 |
|--------|---|
|--------|---|

 Mark
 W.
 Weiner
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.  | Specific laws that allow exemption    |
|---|---|--|---------------------------------------|
| Brief description:  Various used electronics  Line from  Schedule A/B:7             | \$250.00  | \$250.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)                 |
| Brief description:  Various used clothing  Line from  Schedule A/B: 11              | \$250.00  | \$250.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(a), (e)            |
| Brief description:  Various used costume jewelry  Line from Schedule A/B: 12        | \$500.00  | \$500.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)                 |
| Brief description: Bank of America Checking account Line from Schedule A/B: 17      | <u>\$65.00</u>  | \$65.00  100% of fair market value, up to any applicable statutory limit  \$0.00  100% of fair market value, up                                      | 735 ILCS 5/12-1001(b) 42 U.S.C. § 407 |
| Brief description: Bank of America Checking account Line from Schedule A/B:17       | \$700.00  | \$435.00  100% of fair market value, up to any applicable statutory limit  \$265.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) 42 U.S.C. § 407 |
| Brief description: Anticipated tax refund Federal tax  Line from Schedule A/B:28    | \$2,000.00  | \$2,000.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)                 |

| Debtor 1                             | Mark                   | W.          | Weiner                               |              | Case numb   | er (if known)                      |
|--------------------------------------|------------------------|-------------|--------------------------------------|--------------|---|------------------------------------|
|                                      | First Name             | Middle Name | Last Name                            |              |   |                                    |
| Part 2: Add                          | itional Page           |             |                                      |              |   |                                    |
| •                                    | on of the property a   |             | Current value of the portion you own | Amo          | ount of the exemption you claim                                 | Specific laws that allow exemption |
|                                      |                        |             | Copy the value from Schedule A/B     | Che          | ck only one box for each exemption.                             |                                    |
| Brief description<br>Term life and h | n:<br>nealth insurance |             | \$1.00                               | <b>4</b>     | \$1.00  | 735 ILCS 5/12-1001(f)              |
| ine from<br>Schedule A/B:            | 31                     |             |                                      |              | 100% of fair market value, up to any applicable statutory limit |                                    |
|                                      |                        |             |                                      | $\checkmark$ | 90.00   | 735 II CS 5/12-1001(b)             |

100% of fair market value, up to any applicable statutory limit

| Fill in this in            | formation to identify your case   | e:                 |  |         |   |   |                                   |
|----------------------------|---|--------------------|--|---------|---|---|-----------------------------------|
| Debtor 1                   | Mark  | W.                 | Weiner                                       |         |   |   |                                   |
|                            | First Name  | Middle Name        | Last Name                                    |         |   |   |                                   |
| Debtor 2<br>(Spouse, if fi | iling) First Name   | Middle Name        | Last Name                                    |         |   |   |                                   |
| United Star                | tes Bankruptcy Court for the:   |                    | Northern District of Illinois                |         |   |   |                                   |
| Case numb<br>(if known)    | per   |                    |  |         |   | Check if amended                                      | this is an<br>d filing            |
| Official                   | Form 106D   |                    |  |         |   |   |                                   |
| Sched                      | ule D: Credito  | rs Who H           | lave Claims S                                | ecure   | d by Prope  | erty  | 12/15                             |
| i. Do any cre              | ded, copy the Additional Pag r (if known). editors have claims secured kneck this box and submit this following the information below | by your property?  | •  |         |   |   | te your name and                  |
|                            | st All Secured Claims   |                    |  |         |   |   |                                   |
| separat<br>creditor        | secured claims. If a creditor hely for each claim. If more that in Part 2. As much as possits name.                                   | n one creditor has | a particular claim, list the otl             | ner     | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|                            | Auto Finance  | Describe t         | the property that secures the                | claim:  | \$12,302.00   | \$13,300.00   | \$0.00                            |
| Creditor's                 | s Name<br>ankruptcy   | 2017 Sub           | ouru Outback                                 |         |   |   |                                   |
|                            | x 901076<br>Street  | As of the d        | late you file, the claim is: Chec            |         |   |   |                                   |
|                            | orth, TX 76101-2076   | apply.             | aent   |         |   |   |                                   |
|                            | State ZIP Code  ves the debt? Check one.  tor 1 only  | e ☐ Unliqui        | dated  |         |   |   |                                   |
| Deb                        | tor 2 only  |                    | lien. Check all that apply.                  |         |   |   |                                   |
| Deb                        | tor 1 and Debtor 2 only   | <b>☑</b> An agre   | eement you made (such as m                   | ortgage |   |   |                                   |
| anot                       | ast one of the debtors and<br>her   |                    | red car loan) ry lien (such as tax lien, mec | hanic's |   |   |                                   |

 $\Box$  Check if this claim relates to a

community debt

Date debt was incurred

12/1/2019

☐ Judgment lien from a lawsuit

Add the dollar value of your entries in Column A on this page. Write that number here:

 $\Box$ Other (including a right to offset)

Last 4 digits of account number 5 5 0 9

\$12,302.00

| Deb | ebtor 1 Mark W. Weiner  |  |                 | Case number (if known)                                    |  |   |                                   |   |
|-----|---|--|-----------------|---|--|---|-----------------------------------|---|
|     |   | First Name                             | Middle Name     | Last Name   | -  |   |                                   |   |
| Pi  | Additional Page  After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. |  |                 | th Do val   | nount of claim<br>not deduct the<br>lue of<br>lateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |   |
| 2.2 |   |  | De              | escribe the property that secures the cla                 | im:  |   |                                   |   |
|     | Creditor  | 's Name                                |                 | ***************************************                   | _  |   |                                   | _ |
|     | Number  | Street                                 | ——— [ <u> </u>  |   |  |   |                                   |   |
|     |   |  | As ap           | of the date you file, the claim is: Check all             | that   |   |                                   |   |
|     | City  |  | P Code          | Contingent  |  |   |                                   |   |
|     |   | wes the debt? Check one<br>stor 1 only |                 | Unliquidated  |  |   |                                   |   |
|     | Deb   | otor 2 only                            |                 | Disputed  |  |   |                                   |   |
|     | Deb   | tor 1 and Debtor 2 only                | Na              | ture of lien. Check all that apply.                       |  |   |                                   |   |
|     | At le   | east one of the debtors ar             | nd              | An agreement you made (such as mortg or secured car loan) | gage   |   |                                   |   |
|     | ☐ Check if this claim relates to a community debt  Date debt was incurred   |  | o a 🔲           | Statutory lien (such as tax lien, mechanilien)            | c's  |   |                                   |   |
|     |   |  |                 | Judgment lien from a lawsuit                              |  |   |                                   |   |
|     |   | est was incurred                       |                 | Other (including a right to offset)                       |  |   |                                   |   |
|     |   |  | La              | st 4 digits of account number                             | _  |   |                                   |   |
|     | Add th  | ne dollar value of your en             | ntries in Colum | n A on this page. Write that number here                  | e:   | 9   | 0.00                              |   |
|     | If this   | is the last page of your f             | orm, add the de | ollar value totals from all pages. Write th               | nat number   | \$12,30   | 2.00                              |   |

here:

| Fill in this information to identify your case:   |  |  |  |
|---|--|--|--|
| Debtor 1 Mark W. First Name Middle Name   | Weiner Last Name   |  |  |
| Debtor 2 (Spouse, if filing) First Name Middle Name   | Last Name  |  |  |
| United States Bankruptcy Court for the:   | Northern District of Illinois  |  |  |
| Case number (if known)  |  |  | Check if this is an amended filing   |
| Official Form 106E/F  |  |  |  |
| Schedule E/F: Creditors Who   | Have Unsecured Cla   | aims   | 12/15  |
| Part 1: List All of Your PRIORITY Unsecured C  1. Do any creditors have priority unsecured claims ag  □ No. Go to Part 2.  ☑ Yes.  2. List all of your priority unsecured claims. If a creditor claim listed, identify what type of claim it is. If a claim amounts. As much as possible, list the claims in alphafill out the Continuation Page of Part 1. If more than confirmed for the property of claim, see the insecured claim, see the insecured claim, see the insecured claim, see the insecured claim. | s page. On the top of any additional pages, laims laims  or has more than one priority unsecured clain has both priority and nonpriority amounts, lisabetical order according to the creditor's namone creditor holds a particular claim, list the o | n, list the creditor separately that claim here and show he. If you have more than two ther creditors in Part 3. | number (if known).  y for each claim. For each both priority and nonpriority |
| (, o, a., o, p.a., a.o., o, o.a., ypo o, o, a., , , o.o. ,  |  | Total P  | Priority Nonpriority   |
| 2.1 Internal Revenue Service Priority Creditor's Name Centralized Insolvency Operation Post Office Box 7346 Number Street   | Last 4 digits of account number 3303 When was the debt incurred? As of the date you file, the claim is: Che apply. Contingent  | \$2,236.00   | amount amount \$0.00   |
| Philadelphia, PA 19101-7346 City State ZIP Code   | _ ☐ Unliquidated ☐ Disputed  |  |  |
| Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another ☐ Check if this claim is for a community debt   | Type of PRIORITY unsecured claim:  ☐ Domestic support obligations ☐ Taxes and certain other debts you or government ☐ Claims for death or personal injury were intoxicated   |  |  |

☐ Yes

lacksquare Check if this claim is for a community debt

Is the claim subject to offset? 
☑ No

Other. Specify

| Debt     | or 1                            | Mark                             | W.                      | Weiner                    | Case number (if known)   |                         |
|----------|---------------------------------|----------------------------------|-------------------------|---------------------------|--|-------------------------|
|          |                                 | First Name                       | Middle Name             | Last Name                 |  |                         |
| Part     | 2: List Al                      | l of Your NONP                   | RIORITY Unsecur         | ed Claims                 |  |                         |
| _        |                                 |                                  |                         |                           |  |                         |
|          | _                               |                                  | rity unsecured claims   | = -                       |  |                         |
|          | _                               | have nothing to rep              | port in this part. Subm | it this form to the court | with your other schedules.   |                         |
|          | ✓ Yes.                          |                                  |                         |                           |  |                         |
|          | unsecured cla<br>1. If more tha | aim, list the credito            | or separately for each  | claim. For each claim li  | ne creditor who holds each claim. If a creditor has more sted, identify what type of claim it is. Do not list claims a Part 3. If you have more than three nonpriority unsecur | Iready included in Part |
|          |                                 |                                  |                         |                           |  | Total claim             |
| 4.1      | A divance d                     | Class Thereny                    |                         |                           |  | \$600.00                |
| <u> </u> |                                 | Sleep Therapy<br>Preditor's Name |                         | Last 4 d                  | gits of account number   |                         |
|          |                                 | lington Heights R                | d Ste 300               |                           | as the debt incurred?  |                         |
|          | Number                          | Street                           | <u> 010 000</u>         |                           | e date you file, the claim is: Check all that apply.   |                         |
|          | Arlington                       | Hts, IL 60005-413                | 34                      | Con                       | •  |                         |
|          | City                            | :                                | State ZIP Code          |                           | quidated   |                         |
|          | Who incurr                      | red the debt? Ched               | ck one.                 | Disp                      | uted   |                         |
|          | Debtor                          | 1 only                           |                         | Type of                   | NONPRIORITY unsecured claim:   |                         |
|          | Debtor                          | 2 only                           |                         | ☐ Stud                    | lent loans   |                         |
|          | Debtor                          | 1 and Debtor 2 on                | nly                     |                           | gations arising out of a separation agreement or   |                         |
|          | ✓ At least                      | t one of the debtor              | s and another           |                           | rce that you did not report as priority claims   |                         |
|          | ☐ Check                         | if this claim is for             | a community debt        |                           | ts to pension or profit-sharing plans, and other<br>ar debts   |                         |
|          | Is the claim                    | subject to offset                | ?                       | <b>—</b> (                | er. Specify  |                         |
|          | <b>√</b> No                     | •                                |                         | Ou ii                     | ical Bill  |                         |
|          | ☐ Yes                           |                                  |                         |                           |  |                         |
| 4.2      | Amay                            |                                  |                         | l a a t 1 d               | inite of account number 5492   | \$4,452.00              |
| 7.2      | Amex<br>Nonpriority C           | reditor's Name                   |                         |                           | igits of account number 5183   |                         |
|          |                                 | ndence/Bankrupto                 | cv                      |                           | as the debt incurred? 01/01/2003   |                         |
|          | Po Box 98                       | -                                | -                       |                           | e date you file, the claim is: Check all that apply.   |                         |
|          | Number                          | Street                           |                         | Con                       |  |                         |
|          | El Paso, T                      | X 79998-0000                     |                         |                           | quidated   |                         |
|          | City                            | ;                                | State ZIP Code          | Disp                      | uted   |                         |
|          | ,                               | red the debt? Che                | ck one.                 |                           | NONPRIORITY unsecured claim:   |                         |
|          | ✓ Debtor                        | 1 only                           |                         |                           | lent loans   |                         |
|          | Debtor                          | 2 only                           |                         |                           | gations arising out of a separation agreement or rce that you did not report as priority claims  |                         |
|          | Debtor                          | 1 and Debtor 2 on                | nly                     |                           | ts to pension or profit-sharing plans, and other   |                         |
|          |                                 | t one of the debtor              | s and another           |                           | ar debts   |                         |
|          | ☐ Check                         | if this claim is for             | a community debt        | <b>☑</b> Othe             | er. Specify  |                         |
|          |                                 | subject to offset                | ?                       | Cre                       | ditCard  |                         |
|          | <b>☑</b> No                     |                                  |                         |                           |  |                         |
|          | Yes                             |                                  |                         |                           |  |                         |
| 4.3      | Bank of A                       | merica                           |                         | Last 4 d                  | igits of account number 1309   | \$8,628.00              |
|          | Nonpriority C                   | reditor's Name                   |                         |                           | as the debt incurred? 12/01/2007   |                         |
|          | Attn: Bank                      | kruptcy                          |                         |                           | e date you file, the claim is: Check all that apply.   |                         |
|          | Po Box 66                       | 0933                             |                         |                           |  |                         |
|          | Number                          | Street                           |                         |                           | quidated   |                         |
|          |                                 | 75266-0933                       | 01.1. 710.0.1           | _                         | uted   |                         |
|          | City                            |                                  | State ZIP Code          | ,                         |  |                         |
|          | Who incurr  ✓ Debtor            | red the debt? Chec               | CK One.                 |                           | NONPRIORITY unsecured claim:<br>lent loans   |                         |
|          | _                               | •                                |                         |                           | gations arising out of a separation agreement or   |                         |
|          | ☐ Debtor                        | •                                | .h.                     |                           | rce that you did not report as priority claims   |                         |
|          | _                               | 1 and Debtor 2 on                | •                       |                           | ts to pension or profit-sharing plans, and other   |                         |
|          |                                 | t one of the debtor              |                         | simi                      | ar debts   |                         |
|          |                                 |                                  | a community debt        |                           | er. Specify  |                         |
|          |                                 | subject to offset                | ?                       | Cred                      | ditCard  |                         |
|          | <b>☑</b> No                     |                                  |                         |                           |  |                         |
|          | Yes                             |                                  |                         |                           |  |                         |

| Debtor 1  | <b>Mark</b><br>First Name | <b>W.</b><br>Middle Name | <b>Weiner</b><br>Last Name | Case number (if known) |  |  |  |
|---|---------------------------|--------------------------|----------------------------|------------------------|--|--|--|
| Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page   |                           |                          |                            |                        |  |  |  |
| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.  Total claim |                           |                          |                            |                        |  |  |  |

| Aft | Total claim  |   |                   |
|-----|--|---|-------------------|
| 4.4 | Bank of America Nonpriority Creditor's Name Attn: Bankruptcy Po Box 660933 Number Street Dallas, TX 75266-0933 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?               | Last 4 digits of account number 9517  When was the debt incurred? 11/01/2019  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify CreditCard | <u>\$8,380.00</u> |
| 4.5 | Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298 Number Street Wilmington, DE 19850 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No | Last 4 digits of account number 8916  When was the debt incurred? 07/01/2013  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify CreditCard | \$6,047.00        |
| 4.6 | Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298 Number Street Wilmington, DE 19850 City State ZIP Code Who incurred the debt? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes    | Last 4 digits of account number 1314  When was the debt incurred? 06/01/2006  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify CreditCard | \$2,122.00        |

| Debtor 1 Part 2: Your             | <b>Mark</b><br>First Name<br>NONPRIORITY  | <b>W.</b> Middle Name Unsecured Claims | <b>Weiner</b> Last Name  - Continuation Page  | Case number <i>(if know</i>   | n)                |
|-----------------------------------|---|--|---|---|-------------------|
| After listing an                  | y entries on this p   | page, number them beg                  | inning with 4.5, followed b   | by 4.6, and so forth.   | Total claim       |
| Attn: Ba 701 East Number Sioux Fa | Creditor's Name nkruptcy t 60th Street Nort Street alls, SD 57117                             | State ZIP Code                         | When was the date of the date | dated   | <u>\$3,642.00</u> |
| Debto Debto At lea                | or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtor is for the subject to offset | ors and another                        | divorce   | ons arising out of a separation agreement or that you did not report as priority claims o pension or profit-sharing plans, and other debts  Specify |                   |

| Is the claim subject to offset?               | CreditCard  |
|---|---|
| <b>☑</b> No                                   |   |
| ☐ Yes   |   |
| Lendclub Bnk                                  | Last 4 digits of account number <u>7941</u> \$25,846.00           |
| Nonpriority Creditor's Name                   | When was the debt incurred? 05/01/2019                            |
| Attn: Bankruptcy Attn: Bankruptcy             | As of the date you file, the claim is: Check all that apply.      |
| 595 Market Street , Suite 200                 | ☐ Contingent  |
| Number Street                                 | ☐ Unliquidated  |
| San Francisco, CA 94105                       |   |
| City State ZIP Code                           | ☐ Disputed  |
| Who incurred the debt? Check one.             | Type of NONPRIORITY unsecured claim:                              |
| Debtor 1 only                                 | ☐ Student loans   |
| ☐ Debtor 2 only                               | Obligations arising out of a separation agreement or              |
| Debtor 1 and Debtor 2 only                    | divorce that you did not report as priority claims                |
| ☐ At least one of the debtors and another     | Debts to pension or profit-sharing plans, and other similar debts |
| ☐ Check if this claim is for a community debt | ☑ Other. Specify  |
| Is the claim subject to offset?               | Unsecured   |
| ☑ No  |   |
| Yes   |   |

Last 4 digits of account number 0098

Type of NONPRIORITY unsecured claim:

When was the debt incurred? 05/01/2017

As of the date you file, the claim is: Check all that apply.

 $\hfill \Box$  Obligations arising out of a separation agreement or

divorce that you did not report as priority claims

lacksquare Debts to pension or profit-sharing plans, and other

Official Form 106E/F

**☑** No

4.8

4.9

Macys/fdsb

Number

Nonpriority Creditor's Name

9111 Duke Boulevard

Street

Who incurred the debt? Check one.

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

ZIP Code

Attn: Bankruptcy

Mason, OH 45040 City

**☑** Debtor 1 only

Debtor 2 only

Contingent

Unliquidated

■ Student loans

similar debts

Other. Specify ChargeAccount

Disputed

 $\sqrt{}$ 

\$536.00

| 1 Mark First Name               | W.<br>Middle Name       | Weiner Case number (  | if known)   |
|---------------------------------|-------------------------|---|-------------|
| Your NONPRIORI                  | TV Unsecured Claim      | s - Continuation Page   |             |
|                                 |                         | -   |             |
| listing any entries on th       | is page, number them b  | eginning with 4.5, followed by 4.6, and so forth.                 | Total claim |
| Nordstrom FSB                   |                         | Last 4 digits of account number 0630                              | \$622       |
| Nonpriority Creditor's Name     |                         | When was the debt incurred? 05/01/2003                            |             |
| Attn: Bankruptcy                |                         | As of the date you file, the claim is: Check all that             | apply.      |
| Po Box 6555<br>Number Street    |                         | Contingent  |             |
| Englewood, CO 80155             | 5-0000                  | ☐ Unliquidated  |             |
| City                            | State ZIP Code          | Disputed  |             |
| Who incurred the debt           | ? Check one.            | Type of NONPRIORITY unsecured claim:                              |             |
| ✓ Debtor 1 only                 |                         | ☐ Student loans   |             |
| Debtor 2 only                   |                         | Obligations arising out of a separation agreement                 | ent or      |
| ☐ Debtor 1 and Debto            | r 2 only                | divorce that you did not report as priority claims                |             |
| ☐ At least one of the o         | debtors and another     | Debts to pension or profit-sharing plans, and of                  | her         |
| ☐ Check if this claim           | is for a community debt | similar debts  Other Specify                                      |             |
| Is the claim subject to offset? |                         | ✓ Other. Specify CreditCard                                       |             |
| <b>☑</b> No                     |                         |   |             |
| ☐ Yes                           |                         |   |             |
| Northshore University           | , Hoolth                |   | \$500       |
| Nonpriority Creditor's Name     |                         | Last 4 digits of account number                                   |             |
| 23056 Network Place             |                         | When was the debt incurred?                                       |             |
| Number Street                   |                         | As of the date you file, the claim is: Check all that             | apply.      |
| Chicago, IL 60673-123           |                         | Contingent  |             |
| City                            | State ZIP Code          | ■ Unliquidated  |             |
| Who incurred the debt           | ? Check one.            | Disputed  |             |
| Debtor 1 only                   |                         | Type of NONPRIORITY unsecured claim:                              |             |
| ☐ Debtor 2 only                 |                         | ☐ Student loans   |             |
| Debtor 1 and Debto              | •                       | Obligations arising out of a separation agreement                 |             |
| At least one of the             | debtors and another     | divorce that you did not report as priority claims                |             |
| ☐ Check if this claim           | is for a community debt | Debts to pension or profit-sharing plans, and ot<br>similar debts | her         |
| Is the claim subject to         | offset?                 | Other. Specify  |             |
| <b>☑</b> No                     |                         | Medical Bill  |             |
| ☐ Yes                           |                         |   |             |
| Spring Oaks Capital,            | Lic                     | Last 4 digits of account number 8002                              | \$6,429     |
| Nonpriority Creditor's Name     |                         | When was the debt incurred? <u>04/28/2022</u>                     |             |
| Attn: Bankruptcy                |                         | As of the date you file, the claim is: Check all that             | apply.      |
| P.O. Box 1216                   |                         | — Contingent  | 11.7        |
| Number Street                   | 7 4040                  | ☐ Unliquidated  |             |
| Chesapeake, VA 2332             | /-1216                  | Disputed  |             |

Who incurred the debt? Check one.

**☑** Debtor 1 only

Debtor 2 only

☐ Debtor 1 and Debtor 2 only

 $oldsymbol{\square}$  At least one of the debtors and another

lacksquare Check if this claim is for a community debt

Is the claim subject to offset?

**☑** No

☐ Yes

Type of NONPRIORITY unsecured claim:

☐ Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify UnknownLoanType

| Debtor 1 | Mark       | W.          | Weiner    | Case number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name | ,                      |

Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim \$325.00 Synchrony/PayPal Credit Last 4 digits of account number 4384 Nonpriority Creditor's Name When was the debt incurred? 07/01/2019 Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. PO Box 965060 Contingent Number Street Unliquidated Orlando, FL 32896-5060 ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only ☐ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other ■ At least one of the debtors and another similar debts Check if this claim is for a community debt Other. Specify CreditCard Is the claim subject to offset? **☑** No ☐ Yes \$9,490.00 **Truist Bank** Last 4 digits of account number 8361 Nonpriority Creditor's Name When was the debt incurred? 06/01/2019 Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. MC VA-RVW-6290 POB 85092 Contingent Number Street Unliquidated Richmond, VA 23286 **ZIP Code** Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other At least one of the debtors and another similar debts ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? Unsecured **☑** No ☐ Yes \$9,490.00 Truist Bank Last 4 digits of account number 8361 Nonpriority Creditor's Name When was the debt incurred? 06/01/2019 Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. Mail Code VA-RVW-6290 POB 85092 Contingent Number Street Unliquidated Richmond, VA 23286 ZIP Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other At least one of the debtors and another similar debts ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? Unsecured **☑** No ☐ Yes

Part 2:

| Debtor 1             | Mark<br>First Name  | <b>W.</b><br>Middle Name | Weiner Last Name   | Case number (if known)  |
|----------------------|---|--------------------------|--|---|
| Part 2: You          | ır NONPRIORITY  | Unsecured Claims         | - Continuation Page  |   |
| After listing        | any entries on this p   | page, number them beg    | inning with 4.5, followed by 4.6, an   | d so forth. Total claim   |
| Nonprio 1 Hom Number | Fargo Bank NA rity Creditor's Name ne Campus MAC X2 Street loines, IA 50328 | 303-01A 3rd Floor        | Last 4 digits of acco When was the debt i  As of the date you fi  Contingent |   |
| City                 | ,   | State ZIP Code           | Unliquidated   |   |
| <b>∑</b> De          | curred the debt? Ch<br>btor 1 only<br>btor 2 only                           | neck one.                | ☐ Disputed  Type of NONPRIORI ☐ Student loans                                | TY unsecured claim:   |
|                      | btor 1 and Debtor 2   | •                        | 9  | ng out of a separation agreement or did not report as priority claims |

Other. Specify CreditCard

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

Is the claim subject to offset?

**☑** No ☐ Yes

lacksquare Check if this claim is for a community debt

Debtor 1

 Mark
 W.
 Weiner
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 4: Ac

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| ,            |   |              |             |
|--------------|---|--------------|-------------|
|              |   |              | Total claim |
| Total claims | 6a. Domestic support obligations  | 6a.          | \$0.00      |
| from Part 1  | 6b. Taxes and certain other debts you owe the government  | 6b.          | \$2,236.00  |
|              | 6c. Claims for death or personal injury while you were intoxicated  | 6c.          | \$0.00      |
|              | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                                | 6d. +        | \$0.00      |
|              | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e.          | \$2,236.00  |
|              |   |              |             |
|              |   |              | Total claim |
| Total claims | 6f. Student loans   | 6f.          | \$0.00      |
| from Part 2  | 6g. Obligations arising out of a separation<br>agreement or divorce that you did not report<br>as priority claims | 6g.          | \$0.00      |
|              | 6h. Debts to pension or profit-sharing plans, and other similar debts   | 6h.          | \$0.00      |
|              | <ol><li>Other. Add all other nonpriority unsecured<br/>claims. Write that amount here.</li></ol>                  | 6i. <b>+</b> | \$89,408.00 |
|              | 6j. <b>Total.</b> Add lines 6f through 6i.  | 6j.          | \$89,408.00 |

| Fill in this information | n to identify your case | :           |                               |      |           |
|--------------------------|-------------------------|-------------|-------------------------------|------|-----------|
| Debtor 1                 | Mark                    | W.          | Weiner                        |      |           |
|                          | First Name              | Middle Name | Last Name                     |      |           |
| Debtor 2                 |                         |             |                               |      |           |
| (Spouse, if filing)      | First Name              | Middle Name | Last Name                     |      |           |
| United States Bank       | ruptcy Court for the:   |             | Iorthern District of Illinois |      |           |
| Case number              |                         |             |                               | ☐ Ch | neck if t |
| (if known)               |                         |             |                               | an   | nended    |

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or o | company with whom you ha | ve the contract or lease | State what the contract or lease is for |
|-----|-------------|--------------------------|--------------------------|---|
| 2.1 |             |                          |                          |   |
|     | Name        |                          |                          |   |
|     | Number      | Street                   |                          |   |
|     | City        | State                    | ZIP Code                 |   |
| 2.2 |             |                          |                          |   |
|     | Name        |                          |                          |   |
|     | Number      | Street                   |                          |   |
|     | City        | State                    | ZIP Code                 |   |
| 2.3 |             |                          |                          |   |
|     | Name        |                          |                          |   |
|     | Number      | Street                   |                          |   |
|     | City        | State                    | ZIP Code                 |   |
| 2.4 |             |                          |                          |   |
|     | Name        |                          |                          |   |
|     | Number      | Street                   |                          |   |
|     | City        | State                    | ZIP Code                 | •                                       |

| Fill          | in this information t        | to identify your case: |                                      |                        |                        |  |                                |
|---------------|------------------------------|------------------------|--------------------------------------|------------------------|------------------------|--|--------------------------------|
| De            | ebtor 1                      | Mark                   | W.                                   | Weiner                 |                        |  |                                |
|               |                              | First Name             | Middle Name                          | Last Name              |                        |  |                                |
| _             | ebtor 2<br>bouse, if filing) | First Name             | Middle Name                          | Last Name              |                        |  |                                |
| Hn            | nited States Bankru          | iptcy Court for the:   |                                      | Northern District of   | i Illinois             |  |                                |
|               |                              | iptoy Court for the.   |                                      |                        |                        |  | Check if this is an            |
|               | se number _<br>known)        |                        |                                      |                        |                        | _  | amended filing                 |
|               | icial Form                   | 106H<br>I: Your Cod    | debtors                              |                        |                        | •  | 12/15                          |
| Code<br>toget | ebtors are people o          | or entities who are a  | lso liable for an<br>supplying corre | ct information. If me  | ore space is needed, o | nd accurate as possible. If tw<br>copy the Additional Page, fill i<br>s, write your name and case r  | t out, and number the entries  |
| 1.            | •                            | y codebtors? (If you   | are filing a joint                   | case, do not list eitl | ner spouse as a codeb  | otor.)   |                                |
|               | ☐ No<br><b>☑</b> Yes         |                        |                                      |                        |                        |  |                                |
| 2.            | _                            | Svears have you live   | ad in a commun                       | nity property state o  | or territory? (Commun  | ity property states and territori  | es include Arizona, California |
| ۷.            | Idaho, Louisiana             | a, Nevada, New Mexi    |                                      |                        |                        | ny property states and territori   | co morado Anzona, Camornia,    |
|               | No. Go to line               | e 3.                   |                                      |                        |                        |  |                                |
|               | •                            | r spouse, former spou  | use, or legal equ                    | uivalent live with you | at the time?           |  |                                |
|               | □No                          |                        |                                      |                        |                        |  |                                |
|               | ☐ Yes. In wh                 | nich community state   | or territory did y                   | ou live?               |                        | Fill in the name and current   | address of that person.        |
|               | Name                         |                        |                                      |                        |                        | _  |                                |
|               | Number                       | Street                 |                                      |                        |                        | _  |                                |
|               | City                         |                        | State ZIP Cod                        | de                     |                        | _  |                                |
| 3.            | again as a code              | btor only if that pers | on is a guarant                      | or or cosigner. Mak    | e sure you have listed | ouse is filing with you. List the<br>d the creditor on Schedule D (<br>chedule E/F, or Schedule G to | Official Form 106D),           |
|               | Column 1: Your co            | odebtor                |                                      |                        | C                      | Column 2: The creditor to who  | m you owe the debt             |
|               |                              |                        |                                      |                        |                        | Check all schedules that app   | ly:                            |
| 3.1           | Weiner, Barbara              |                        |                                      |                        |                        | Schedule D, line   |                                |
|               | Name<br>3131 Hill Ln         |                        |                                      |                        |                        | Schedule E/F, line 2.1, 4.   | 1                              |
|               | Number Street                |                        |                                      |                        |                        | ☐ Schedule G, line   |                                |

Number Street
Wilmette, IL 60091-2928
City

State

ZIP Code

| Fil        | I in this information t                                   | to identify your c            | ase:   |                                   |         |                        |  |  |                  |        |
|------------|---|-------------------------------|--|-----------------------------------|---------|------------------------|--|--|------------------|--------|
| D          | ebtor 1   | Mark                          | W. We  | einer                             |         |                        |  |  |                  |        |
|            |   | First Name                    | Middle Name Las  | t Name                            |         |                        |  |  |                  |        |
|            | ebtor 2   |                               |  |                                   |         |                        |  |  |                  |        |
| (5         | Spouse, if filing)  | First Name                    | Middle Name Las  | t Name                            |         |                        | _  | Check if this is:                        |                  |        |
| U          | Inited States Bankru                                      | ptcy Court for th             | e: Norther   | n District of Illi                | nois    |                        | _  | ☑An amended filing                       |                  |        |
| С          | ase number _  |                               |  |                                   |         |                        | L  | → A supplement show<br>chapter 13 income |                  |        |
| (i1        | f known)  |                               |  |                                   |         |                        |  |  |                  | 9      |
|            |   |                               |  |                                   |         |                        |  | MM / DD / YYYY                           |                  |        |
| ∩f         | fficial Form  | 1061                          |  |                                   |         |                        |  |  |                  |        |
|            |   |                               |  |                                   |         |                        |  |  |                  |        |
| S          | chedule I:  | Your In                       | come   |                                   |         |                        |  |  |                  | 12/15  |
| spo<br>add | ouse is not filing wit<br>litional pages, write           | h you, do not in              | filing jointly, and your spou<br>clude information about you<br>case number (if known). Ar | ır spouse. İf m                   | ore s   | pace is needed, atta   |  |  |                  |        |
| 1.         | Fill in your employ information.                          | yment                         |  | Debtor 1                          | ı       |                        |  | Debtor 2 or non                          | -filing spouse   |        |
|            | If you have more t  |                               | Employment status  | <b>✓</b> Employed                 | ı 🗆 N   | ot Employed            |  | ☐ Employed <b>☑</b> Not                  | Employed         |        |
|            | attach a separate information about employers.            | , ,                           | Occupation   | Director of Dining Services       |         |                        |  |  |                  |        |
|            | Include part time, seasonal, or                           |                               | Employer's name  | Compass Group                     |         |                        |  |  |                  |        |
|            | self-employed wor   |                               | Employor's address   | 2400 Yorkmont Rd<br>Number Street |         |                        |  |  |                  |        |
|            | Occupation may ir or homemaker, if i                      | ccupation may include student | Employer's address   |                                   |         |                        |  | Number Street                            |                  |        |
|            | or nomemaker, ir i  | гарріїеѕ.                     |  |                                   |         |                        |  |  |                  |        |
|            |   |                               |  |                                   |         |                        |  |  |                  |        |
|            |   |                               |  | Charlotte, NO                     | 282     |                        |  |  |                  |        |
|            |   |                               |  | City                              |         | State Zip Code         | Э  | City                                     | State Zip        | Code   |
|            |   |                               | How long employed there  | ? 6 months                        |         | <del></del>            |  |  | _                |        |
| Pa         | art 2: Give Deta  | ils About Mon                 | thly Income  |                                   |         |                        |  |  |                  |        |
|            | -   |                               | e date you file this form. If y  | ou have nothir                    | ng to r | eport for any line, wr | rite \$0 in t                                | the space. Include y                     | our non-filing s | spouse |
|            | unless you are sep If you or your non- more space, attack | filing spouse hav             | ve more than one employer,   | combine the in                    | forma   | tion for all employers | s for that                                   | person on the lines b                    | pelow. If you no | eed    |
|            | oro opaoo, attao  | a coparato dile               | of to the form   |                                   |         | Fau Dalata d           | -  | un Dahtan Carr                           |                  |        |
|            |   |                               |  |                                   |         | For Debtor 1           |  | or Debtor 2 or<br>on-filing spouse       |                  |        |
| •          | I takan ara   |                               |  |                                   |         |                        |  |  |                  |        |
| 2.         |   |                               | and commissions (before a alculate what the monthly wa                                     |                                   | 2.      | \$6,248.67             |  | \$0.00                                   |                  |        |
| •          | ,   |                               | ·  | •                                 | •       |                        |  | <b>.</b>                                 |                  |        |
| 3.         | Estimate and list   | montnly overtim               | e pay.   |                                   | 3.      | + \$0.00               | <u>      +                              </u> | \$0.00                                   |                  |        |
|            |   |                               |  |                                   |         |                        |  |  |                  |        |

4. Calculate gross income. Add line 2 + line 3.

Debtor 1

 Mark
 W.
 Weiner

 First Name
 Middle Name
 Last Name

Case number (if known)

|     |  |             |         | For Debtor 1          |      | or Debtor 2 or<br>on-filing spouse |                     |
|-----|--|-------------|---------|-----------------------|------|------------------------------------|---------------------|
|     | Copy line 4 here→  | 4.          |         | \$6,248.67            | _    | \$0.00                             |                     |
| 5.  | List all payroll deductions:   |             |         |                       |      |                                    |                     |
|     | 5a. Tax, Medicare, and Social Security deductions  | 5a.         |         | \$832.00              | _    | \$0.00                             |                     |
|     | 5b. Mandatory contributions for retirement plans   | 5b.         |         | \$0.00                | _    | \$0.00                             |                     |
|     | 5c. Voluntary contributions for retirement plans   | 5c.         |         | \$0.00                | _    | \$0.00                             |                     |
|     | 5d. Required repayments of retirement fund loans   | 5d.         |         | \$0.00                | _    | \$0.00                             |                     |
|     | 5e. Insurance  | 5e.         |         | \$569.83              | _    | \$0.00                             |                     |
|     | 5f. Domestic support obligations   | 5f.         |         | \$0.00                | -    | \$0.00                             |                     |
|     | 5g. Union dues   | 5g.         |         | \$0.00                | _    | \$0.00                             |                     |
|     | 5h. Other deductions. Specify:   | 5h.         | +       | \$0.00                | +    | \$0.00                             |                     |
| 6.  | Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.  | 6.          |         | \$1,401.83            | -    | \$0.00                             |                     |
| 7.  | Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.          |         | \$4.846.83            | -    | \$0.00                             |                     |
|     |  | ٠.          |         | Ψ <del>4.040.03</del> | -    | \$0.00                             |                     |
| 8.  | List all other income regularly received:  |             |         |                       |      |                                    |                     |
|     | 8a. Net income from rental property and from operating a business, profession, or farm   |             |         |                       |      |                                    |                     |
|     | Attach a statement for each property and business showing gross  |             |         |                       |      |                                    |                     |
|     | receipts, ordinary and necessary business expenses, and the total  | 00          |         | \$0.00                |      | \$1,382.00                         |                     |
|     | monthly net income.  | 8a.         |         |                       | -    | . ,                                |                     |
|     | 8b. Interest and dividends   | 8b.         |         | \$0.00                | -    | \$0.00                             |                     |
|     | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  |             |         |                       |      |                                    |                     |
|     | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.         |         | \$0.00                |      | \$0.00                             |                     |
|     |  |             |         |                       | -    |                                    |                     |
|     | 8d. Unemployment compensation  | 8d.         |         | \$0.00                | -    | \$0.00                             |                     |
|     | 8e. Social Security  | 8e.         |         | \$0.00                | -    | \$0.00                             |                     |
|     | 8f. Other government assistance that you regularly receive   |             |         |                       |      |                                    |                     |
|     | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.   |             |         |                       |      |                                    |                     |
|     | Specify:   | 8f.         |         | \$0.00                | _    | \$0.00                             |                     |
|     | 8g. Pension or retirement income   | 8g.         |         | \$0.00                | _    | \$0.00                             |                     |
|     | 8h. Other monthly income. Specify:   | 8h.         | +       | \$0.00                | +.   | \$0.00                             |                     |
| 9.  | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.          |         | \$0.00                |      | \$1.382.00                         |                     |
|     | ·  |             |         |                       |      |                                    |                     |
| 10. | Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse  | 10.         |         | \$4,846.83            | +    | \$1,382.00                         | <b>=</b> \$6,228.83 |
| 11. | State all other regular contributions to the expenses that you list in Sched   | dule J.     |         |                       |      |                                    |                     |
|     | Include contributions from an unmarried partner, members of your household friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that a  | -           |         | -                     |      |                                    |                     |
|     | Specify:   |             |         |                       | _    | 11. +                              | <b>+</b> \$0.00     |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The   | result is t | the com | bined monthly         | ncom | e. Write that                      |                     |
|     | amount on the Summary of Your Assets and Liabilities and Certain Statistical   |             |         |                       |      | 12.                                | \$6.228.83          |
|     |  |             |         |                       |      |                                    | Combined            |
| 46  | Beautiful and the second of th |             |         |                       |      |                                    | monthly income      |
| 13. | Do you expect an increase or decrease within the year after you file this fo   | orm?        |         |                       |      |                                    |                     |
|     | <b>☑</b> No.   |             |         |                       |      |                                    |                     |
|     | Yes. Explain:  |             |         |                       |      |                                    |                     |

Debtor 1 Weiner <u>Mark</u> Case number (if known). Middle Name Last Name First Name 8a. Attached Statement **Business Income-Vine Counseling** FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.) PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME: 1. Gross Monthly Income: \$156.00 PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES: Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition **Business Debts** TOTAL PAYMENTS TO SECURED CREDITORS \$0.00 3. Other Expenses TOTAL OTHER EXPENSES \$0.00 \$0.00 4. TOTAL MONTHLY EXPENSES(Add item 2 - 21)

\$156.00

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

5. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)

Debtor 1 Weiner Mark Case number (if known). Middle Name Last Name First Name 8a. Attached Statement Cong. Bene Shalom Hebrew Ass of the Deaf FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.) PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME: 1. Gross Monthly Income: \$1,226.00 PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES: Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition **Business Debts** TOTAL PAYMENTS TO SECURED CREDITORS \$0.00 Other Expenses TOTAL OTHER EXPENSES \$0.00 \$0.00

\$1,226.00

4. TOTAL MONTHLY EXPENSES(Add item 2 - 21)
PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

5. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)

| Fil | l in this information                               | to identify your case                       | ):                                 |                         |  |          |                   |  |
|-----|---|---|------------------------------------|-------------------------|--|----------|-------------------|--|
| D   | ebtor 1  ebtor 2 Spouse, if filing)                 | Mark First Name                             | W. Middle Name                     | Weiner Last Name        |  | _        | ended filing      | g postpetition chapter 13                                |
|     | nited States Bankru                                 |   |                                    | Northern Distric        | et of Illinois   |          | ses as of the fol | llowing date:<br>-                                       |
|     | ase number _<br>known)                              |   |                                    |                         |  | MM / DI  | D / YYYY          |  |
| Of  | ficial Form   | 106J  |                                    |                         |  |          |                   |  |
| Sc  | chedule J   | : Your Ex                                   | penses                             |                         |  |          |                   | 12/15  |
|     |   |   |                                    |                         | ogether, both are equally restional pages, write your name |          |                   | orrect information. If more own). Answer every question. |
| Pa  | rt 1: Describe                                      | Your Household                              |                                    |                         |  |          |                   |  |
| 1.  | □ <sub>No</sub>                                     | 2.<br>tor 2 live in a separ                 |                                    | 2, Expenses for         | Separate Household of Debto                                | tor 2.   |                   |  |
| 2.  | Do you have depe                                    |   | □ <sub>No</sub> ✓ Yes. Fill out th | is information          | Dependent's relationship t                                 | to D     | Dependent's       | Does dependent live                                      |
|     | Debtor 2.  Do not state the d                       | ependents'                                  |                                    | ndent                   | Debtor 1 or Debtor 2 Child                                 |          | 17                | with you?  □ No. ☑ Yes.                                  |
|     | names.  |   |                                    |                         |  |          |                   | No. ☐ Yes.   |
|     |   |   |                                    |                         |  |          |                   | No. ☐ Yes.   |
|     |   |   |                                    |                         | -  |          |                   | No. Yes.   |
|     |   |   |                                    |                         |  |          |                   | No. Yes.   |
| 3.  | Do your expenses expenses of peop yourself and your | le other than                               | <b>√</b> No<br>□ <sub>Yes</sub>    |                         |  |          |                   |  |
| Pa  | art 2: Estimate                                     | Your Ongoing Mo                             | onthly Expense                     | es                      |  |          |                   |  |
|     |   |   |                                    |                         | using this form as a suppler eck the box at the top of the |          |                   |  |
|     |   | d for with non-cash<br>have included it on  |                                    |                         |  |          | You               | ır expenses  |
| 4.  | The rental or hom for the ground or le              |   | ses for your resi                  | <b>dence.</b> Include f | irst mortgage payments and a                               | any rent | 4.                | \$2,450.00   |
|     | If not included in                                  | line 4:                                     |                                    |                         |  |          | 4.5               | 40.00  |
|     | 4a. Real estate ta                                  |   |                                    |                         |  |          | 4a.<br>4b.        | \$0.00   |
|     | , ,   | eowner's, or renter's                       |                                    |                         |  |          | 4c.               | \$0.00<br>\$0.00   |
|     |   | ance, repair, and up<br>association or cond |                                    |                         |  |          | 4d.               | \$0.00   |

Debtor 1 Mark W. Weiner Case number (if known) \_\_

Last Name

Middle Name

First Name

|   | You     | ır expenses |
|---|---------|-------------|
| . Additional mortgage payments for your residence, such as home equity loans  | 5.      | \$0.00      |
| Utilities:  |         |             |
| 6a. Electricity, heat, natural gas  | 6a. ——  | \$350.00    |
| 6b. Water, sewer, garbage collection  | 6b      | \$120.00    |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c      | \$300.00    |
| 6d. Other. Specify:   | 6d      | \$0.00      |
| Food and housekeeping supplies  | 7.      | \$950.00    |
| Childcare and children's education costs  | 8.      | \$0.00      |
| Clothing, laundry, and dry cleaning   | 9.      | \$200.00    |
| . Personal care products and services   | 10.     | \$50.00     |
| Medical and dental expenses   | 11.     | \$350.00    |
| Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  | 12.     | \$400.00    |
| . Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.     | \$0.00      |
| Charitable contributions and religious donations  | 14.     | \$0.00      |
| . <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.   |         |             |
| 15a. Life insurance   | 15a. —— | \$0.00      |
| 15b. Health insurance   | 15b     | \$366.00    |
| 15c. Vehicle insurance  | 15c     | \$276.00    |
| 15d. Other insurance. Specify:  | 15d     | \$0.00      |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  |         |             |
| Specify:  | 16.     | \$0.00      |
| . Installment or lease payments:  |         |             |
| 17a. Car payments for Vehicle 1   | 17a     | \$361.00    |
| 17b. Car payments for Vehicle 2   | 17b     | \$0.00      |
| 17c. Other. Specify:  | 17c.    | \$0.00      |
| 17d. Other. Specify:  | 17d     | \$0.00      |
| Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.     | \$0.00      |
|   |         |             |
| Other payments you make to support others who do not live with you.  Specify:   | 19.     | \$0.00      |
| . Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom   | e.      |             |
| 20a. Mortgages on other property  | 20a     | \$0.00      |
| 20b. Real estate taxes  |         | \$0.00      |
| 20c. Property, homeowner's, or renter's insurance   | 20c.    | \$0.00      |
| 20d. Maintenance, repair, and upkeep expenses   | 20d.    | \$0.00      |
| 20e. Homeowner's association or condominium dues  | 20e.    | \$0.00      |

Debtor 1 W. Weiner Case number (if known) Mark First Name Middle Name Last Name Other. Specify: \_\_ 21. \$0.00 22. Calculate your monthly expenses. 22a. \$6,173.00 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. \$0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$6,173.00 23. Calculate your monthly net income. 23a. \$6,228.83 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. 23b. Copy your monthly expenses from line 22c above. \$6,173.00 23c. Subtract your monthly expenses from your monthly income. \$55.83 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? **✓** No. None ☐ Yes.

| Fill in this information                | n to identify your case |             |                               |  |                |
|---|-------------------------|-------------|-------------------------------|--|----------------|
| Debtor 1                                | Mark                    | W.          | Weiner                        |  |                |
|   | First Name              | Middle Name | Last Name                     |  |                |
| Debtor 2                                |                         |             |                               |  |                |
| (Spouse, if filing)                     | First Name              | Middle Name | Last Name                     |  |                |
| United States Bankruptcy Court for the: |                         |             | Iorthern District of Illinois |  |                |
| Case number (if known)                  |                         |             |                               |  | Check i amende |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| new Summary and check the box at the top of this page.   | ariomis, you must mi out u        |
|--|-----------------------------------|
| Part 1: Summarize Your Assets  |                                   |
|  | Your assets Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B)   |                                   |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | \$0.00                            |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$17,816.00                       |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$17,816.00                       |
| Part 2: Summarize Your Liabilities   |                                   |
|  | Your liabilities Amount you owe   |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                  |                                   |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$12,302.00                       |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | \$2,236.00                        |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     | Ψ2,200.00                         |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | <b>+</b> \$89,408.00              |
| Your total liabilities   | \$103,946.00                      |
| Part 3: Summarize Your Income and Expenses   |                                   |
| 4. Schedule I: Your Income (Official Form 106I)  | <b>#</b> 0.000.00                 |
| Copy your combined monthly income from line 12 of Schedule I   | \$6,228.83                        |
| 5. Schedule J: Your Expenses (Official Form 106J)  |                                   |
| Copy your monthly expenses from line 22c of Schedule J   | \$6,173.00                        |

| Deb         | otor 1                  | Mark                                   | W.  | Weiner  | Case number (if known                            | )          |
|-------------|-------------------------|--|---|---|--|------------|
|             |                         | First Name                             | Middle Name                                   | Last Name   |  |            |
| Pa          | rt 4: Answe             | r These Ques                           | tions for Administ                            | rative and Statistical Records  |  |            |
|             |                         |  |   |   |  |            |
| 6. <b>A</b> | Are you filing fo       | or bankruptcy un                       | der Chapters 7, 11, o                         | r 13?   |  |            |
|             | _                       | ve nothing to repo                     | ort on this part of the f                     | orm. Check this box and submit this form to   | the court with your other sched                  | dules.     |
|             | <b>√</b> Yes            |  |   |   |  |            |
|             |                         | ebt do you have?                       |   |   |  |            |
|             | family, or ho           | are primarily con<br>busehold purpose  | nsumer debts. Consu<br>." 11 U.S.C. § 101(8). | mer debts are those "incurred by an individu<br>Fill out lines 8-9g for statistical purposes. 2 | ual primarily for a personal,<br>8 U.S.C. § 159. |            |
| L           | Your debts this form to | are not primarily<br>the court with yo | r consumer debts. Your other schedules.       | u have nothing to report on this part of the f  | orm. Check this box and submi                    | t          |
| ΩΕ          | rom the States          | ment of Your Cu                        | rrent Monthly Income                          | r. Copy your total current monthly income fro   | om Official                                      |            |
|             |                         |  | 122B Line 11; <b>OR</b> , Fo                  |   | on Oncial  | \$6,970.51 |
|             |                         |  |   |   |  |            |
|             |                         |  |   |   |  |            |
| 9. <b>C</b> | Copy the follow         | ing special cate                       | gories of claims from                         | Part 4, line 6 of Schedule E/F:   |  |            |
|             |                         |  |   |   |  |            |
|             |                         |  |   |   | Total claim                                      |            |
|             | From Part 4             | on Schedule E/F                        | copy the following:                           |   |  |            |
|             | 9a. Domestic            | support obligation                     | ns (Copy line 6a.)                            |   | \$0.00   |            |
|             |                         |  |   |   |  |            |
|             | 9b. Taxes and           | certain other del                      | ots you owe the gover                         | nment. (Copy line 6b.)  | \$2,236.00                                       |            |
|             | On Claima for           | dooth or noroon                        |   | a interior tad (Capylina Ca)  | \$0.00   |            |
|             | 90. Claims for          | death of persona                       | ar injury wrille you wer                      | e intoxicated. (Copy line 6c.)  | <u> </u>   |            |
|             | 9d. Student lo          | ans. (Copy line 6                      | f.)   |   | \$0.00   |            |
|             |                         |  |   |   |  |            |
|             |                         | s arising out of a sopy line 6g.)      | separation agreement                          | or divorce that you did not report as priority  | \$0.00   |            |
|             | 0. 5. 1                 |  |   |   |  |            |
|             | 9t. Debts to pe         | ension or profit-sh                    | naring plans, and othe                        | er similar debts. (Copy line 6h.)   | +\$0.00  | 1          |
|             | 9g. <b>Total</b> . Add  | lines 9a through                       | 9f.   |   | \$2,236.00                                       |            |
|             | . g                     | o agii                                 | -   |   | <u> </u>   |            |

| Fill in this information                | to identify your case: |             |                               |   |                  |
|---|------------------------|-------------|-------------------------------|---|------------------|
| Debtor 1                                | Mark                   | W.          | Weiner                        |   |                  |
|   | First Name             | Middle Name | Last Name                     |   |                  |
| Debtor 2                                |                        |             |                               |   |                  |
| (Spouse, if filing)                     | First Name             | Middle Name | Last Name                     | _ |                  |
| United States Bankruptcy Court for the: |                        | N           | Iorthern District of Illinois |   |                  |
| Case number<br>(if known)               |                        |             |                               |   | Check if amended |

## Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
|   |   |
| Did you pay or agree to pay someone who is NOT an attorn      | ey to help you fill out bankruptcy forms?   |
| <b>☑</b> No   |   |
| Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
| Under penalty of perjury, I declare that I have read the sumr | mary and schedules filed with this declaration and that they are true and correct.            |
|   |   |
| <b>v</b>  |   |
| /s/ Mark W. Weiner  |   |
| Mark W. Weiner, Debtor 1                                      |   |
| Date <u>01/16/2023</u>  |   |
| MM/ DD/ YYYY  |   |
|   |   |

| to identify your case | :                  |  |  |
|-----------------------|--------------------|--|--|
| Mark                  | W.                 | Weiner   |  |
| First Name            | Middle Name        | Last Name                                      |  |
|                       |                    |  |  |
| First Name            | Middle Name        | Last Name                                      |  |
| uptcy Court for the:  |                    | lorthern District of Illinois                  |  |
|                       |                    |  |  |
|                       | Mark<br>First Name | First Name Middle Name  First Name Middle Name | Mark     W.     Weiner       First Name     Middle Name     Last Name       First Name     Middle Name     Last Name |

## Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| What is your current marital status?     |                                    |                       |                            |
|--|------------------------------------|-----------------------|----------------------------|
| Married                                  |                                    |                       |                            |
| Not married                              |                                    |                       |                            |
| Ouring the last 3 years, have you lived  | anywhere other than where yo       | ou live now?          |                            |
| <b>1</b> No                              |                                    |                       |                            |
| Yes. List all of the places you lived in | n the last 3 years. Do not include | e where you live now. |                            |
| Debtor 1:                                | Dates Debtor 1 live there          | ed Debtor 2:          | Dates Debtor 2 lived there |
|  |                                    | ☐ Same as Debtor 1    | ☐ Same as Debtor 1         |
|  | From                               | <u> </u>              | From                       |
| umber Street                             | То                                 | Number Street         | To                         |
| ity State ZIP                            | Codo                               | City                  | State ZIP Code             |
| ny State Zii V                           |                                    |                       | Oldo Zii Oodo              |
|  |                                    | ☐ Same as Debtor 1    | ☐ Same as Debtor 1         |
|  | From                               |                       | From                       |
| umber Street                             | To                                 | Number Street         | To                         |
| ity State ZIP                            | Code                               | City                  | State ZIP Code             |
|  |                                    | •                     |                            |

For the calendar year before that:

(January 1 to December 31, 2021

YYYY

\$27,268.00

Unemployment

| ebtor 1                         | Mark                        | (                         | W.  | Weiner                                      |   | _ Ca                                       | se number (it                  | f known)   |
|---------------------------------|-----------------------------|---------------------------|---|---|---|--|--------------------------------|--|
|                                 | First                       | Name                      | Middle Name                               | Last Name                                   |   |  |                                |  |
| art 3: L                        | ist Certa                   | ain Payme                 | ents You Made                             | Before You File                             | d for Bankruptcy  |  |                                |  |
| i. Are eith                     | er Debtor                   | 1's or Debto              | or 2's debts prima                        | arily consumer debt                         | s?  |  |                                |  |
| ☐ No.                           |                             |                           |   | rimarily consumer of family, or household   | debts. Consumer deb<br>d purpose."  | ts are defined in 11                       | U.S.C. § 101                   | (8) as "incurred by  |
|                                 |                             | •                         |   | •   | ou pay any creditor a   | otal of \$7,575* or m                      | nore?                          |  |
|                                 | ☐ No. 0                     | Go to line 7.             |   |   |   |  |                                |  |
|                                 | ☐ Yes.                      | paid that                 | creditor. Do not in                       |   | tal of \$7,575* or more<br>domestic support obl<br>nkruptcy case.                               |  |                                |  |
|                                 | * Subjec                    | t to adjustm              | nent on 4/01/25 ar                        | nd every 3 years aft                        | er that for cases filed   | on or after the date                       | of adjustmer                   | nt.  |
| Yes.                            | Debtor                      | l or Debtor               | 2 or both have n                          | rimarily consumer o                         | debts   |  |                                |  |
| <b>9</b> 100.                   |                             |                           | _   | -   | ou pay any creditor a   | otal of \$600 or mor                       | e?                             |  |
|                                 | <b>√</b> No. (              | Go to line 7.             |   |   |   |  |                                |  |
|                                 | ☐ Yes.                      | include pa                |   | estic support obligati                      | tal of \$600 or more ar   |  |                                |  |
|                                 |                             |                           |   | Dates of payment                            | Total amount pa   | id Amount yo                               | ou still owe                   | Was this payment for   |
|                                 |                             |                           |   |   |   |  |                                | ☐Mortgage  |
|                                 | Creditor's N                | lame                      |   | _   | _   |  |                                | ☐ Car  |
|                                 |                             |                           |   | _   | _   |  |                                | Credit card  |
|                                 | Number                      | Street                    |   |   |   |  |                                | Loan repayment   |
|                                 |                             |                           |   | _   | _   |  |                                | ☐ Suppliers or vendors   |
|                                 | City                        |                           | State ZIP Code                            | _   |   |  |                                | ☐ Other  |
| <i>Insiders</i> in<br>ou are an | nclude you<br>n officer, di | relatives; a rector, pers | any general partne<br>on in control, or o | ers; relatives of any<br>wner of 20% or mor | yment on a debt you<br>general partners; par<br>e of their voting secu<br>omestic support oblig | nerships of which y<br>ities; and any mana | ou are a gen<br>aging agent, i | eral partner; corporations of whincluding one for a business you |
| <b>√</b> No                     |                             |                           |   |   |   |  |                                |  |
| Yes.                            | List all pay                | ments to ar               | n insider.                                |   |   |  |                                |  |
|                                 |                             |                           |   | Dates of payment                            | Total amount paid   | Amount you still owe                       | Reason                         | n for this payment   |
|                                 |                             |                           |   |   |   |  |                                |  |
| Insider's I                     | Name                        |                           |   |   |   |  |                                |  |
| Number                          | Street                      |                           |   |   |   |  |                                |  |
|                                 |                             | State                     | ZIP Code                                  |   |   |  |                                |  |

| btor 1       | Mark<br>First Name      | W.<br>Middle Name    | Weiner Last Name      |                        | _ Case                 | number (if ki | nown)                          |
|--------------|-------------------------|----------------------|-----------------------|------------------------|------------------------|---------------|--------------------------------|
|              | Tilstivalle             | whate warne          | Lastivame             |                        |                        |               |                                |
|              |                         |                      |                       | payments or transfer   | any property on acc    | ount of a deb | ot that benefited an insider?  |
|              | ments on debts gua      | aranteed or cosign   | ned by an insider.    |                        |                        |               |                                |
| <b>√</b> No  |                         |                      |                       |                        |                        |               |                                |
| ☐ Yes. L     | ist all payments tha    | at benefited an insi | der.                  |                        |                        |               |                                |
|              |                         |                      | Dates of payment      | Total amount paid      | Amount you still owe   |               | or this payment                |
|              |                         |                      | <b>F-3</b> ,          |                        |                        | Include cr    | reditor's name                 |
|              |                         |                      |                       |                        |                        |               |                                |
| Insider's N  | lame                    |                      |                       |                        |                        |               |                                |
| Number       | Street                  |                      |                       |                        |                        |               |                                |
|              |                         |                      |                       |                        |                        |               |                                |
| City         | State                   | e ZIP Code           |                       |                        |                        |               |                                |
| City         | State                   | e ZIF Code           |                       |                        |                        |               |                                |
|              |                         |                      |                       |                        |                        |               |                                |
| ntract dis   |                         | personal injury ca   | ses, small claims act | lons, divorces, collec | non suns, paternity at | tions, suppo  | rt or custody modifications, a |
| ☐ Yes. F     | Fill in the details.    |                      |                       |                        |                        |               |                                |
|              |                         | Na                   | ture of the case      | Cou                    | rt or agency           |               | Status of the case             |
| Casa titla   | e                       |                      |                       |                        |                        |               | ☐ Pending                      |
| Case ille    | <del>-</del>            |                      |                       | Court                  | Name                   |               | On appeal                      |
|              |                         |                      |                       | Nivers                 | Charact.               |               | Concluded                      |
| Case nur     | mber ———                |                      |                       | Numb                   | er Street              |               |                                |
|              |                         |                      |                       | City                   | Sta                    | ate ZIP Co    | de                             |
|              |                         | '                    |                       | '                      |                        |               |                                |
| ). Within '  | 1 year before you fi    | iled for bankruptc   | y, was any of your p  | roperty repossessed    | , foreclosed, garnish  | ed, attached  | , seized, or levied?           |
| _            | hat apply and fill in t | he details below.    |                       |                        |                        |               |                                |
|              | io to line 11.          |                      |                       |                        |                        |               |                                |
| ☐ Yes. F     | Fill in the information | n below.             |                       |                        |                        |               |                                |
|              |                         |                      | Describe              | the property           |                        | Date          | Value of the propert           |
|              |                         |                      | _                     |                        |                        |               |                                |
| Creditor's N | Name                    |                      |                       |                        |                        |               |                                |
| Number       | Street                  |                      | Explain               | what happened          |                        |               |                                |
|              |                         |                      |                       | ty was repossessed.    |                        |               |                                |
|              |                         |                      | <del>_</del>          | ty was foreclosed.     |                        |               |                                |
|              |                         |                      | Proper                | ty was garnished.      |                        |               |                                |
| City         | Sta                     | ate ZIP Code         | Droper                | ty was attached seiz   | ed or levied           |               |                                |

| ebtor 1             | Mark                           | W.                                       | Weiner                                 | Case number (if known                        | )                        |
|---------------------|--------------------------------|--|--|--|--------------------------|
|                     | First Name                     | Middle Name                              | Last Name                              |  |                          |
|                     |                                |  |  |  |                          |
|                     |                                | filed for bankruptc<br>ause you owed a c |  | k or financial institution, set off any amou | nts from your accounts o |
| <b>√</b> No         |                                | -  |  |  |                          |
| ☐ Yes. Fi           | II in the details.             |  |  |  |                          |
| _                   |                                |  | Describe the action the creditor t     | ook Date action was                          | Amount                   |
|                     |                                |  |  | taken  | Amount                   |
| Creditor's N        | ame                            |  |  |  |                          |
| Number              | Street                         |  |  |  |                          |
|                     |                                |  |  |  |                          |
| City                | Stat                           | e ZIP Code                               |  |  |                          |
|                     |                                |  | Last 4 digits of account number: XX    | <xx< td=""><td></td></xx<>                   |                          |
|                     |                                |  |  |  |                          |
| opointed re<br>✓ No | eceiver, a custodia            | n, or another offic                      | ial?                                   |  |                          |
| Yes                 |                                |  |  |  |                          |
|                     |                                |  |  |  |                          |
|                     |                                |  |  |  |                          |
| irt 5: Lis          | st Certain Gifts               | and Contributio                          | ns                                     |  |                          |
| 3. Within 2         | vears before you               | filed for bankruptc                      | v. did you give any gifts with a total | I value of more than \$600 per person?       |                          |
| <b>√</b> No         | ,                              |  | ,, , g , g                             |  |                          |
| _                   | II in the details for e        | each gift.                               |  |  |                          |
|                     | n a total value of m           | -  | Describe the gifts                     | Dates you gave                               | Value                    |
| per perso           |                                |  | Dood in gine                           | the gifts                                    | Talao                    |
|                     |                                |  |  |  |                          |
| Person to V         | Vhom You Gave the G            | Sift                                     |  |  |                          |
|                     |                                |  |  |  |                          |
|                     |                                |  |  |  |                          |
| Number              | Street                         |  |  |  |                          |
| Trainboi            | Circot                         |  |  |  |                          |
| City                | S                              | tate ZIP Code                            |  |  |                          |
| Person's r          | elationship to you             |  |  |  |                          |
| . 0.00 0            | elalierieriip te year <b>.</b> |  |  |  |                          |
|                     |                                |  |  |  |                          |
|                     | years before you               | filed for bankruptc                      | y, did you give any gifts or contribu  | tions with a total value of more than \$600  | to any charity?          |
| <b>√</b> No         |                                |  |  |  |                          |
| Yes. Fi             | II in the details for e        | each gift or contribu                    | ution.                                 |  |                          |
|                     |                                |  |  |  |                          |
|                     |                                |  |  |  |                          |
|                     |                                |  |  |  |                          |
|                     |                                |  |  |  |                          |

| Debtor 1                           | Mark  | W.                                    | Weiner   | Case number (if kno               | wn)                     |
|------------------------------------|---|---------------------------------------|--|-----------------------------------|-------------------------|
|                                    | First Name                                      | Middle                                | Name Last Name   |                                   |                         |
|                                    | ontributions to charitie<br>nore than \$600     | es                                    | Describe what you contributed  | Date you contributed              | Value                   |
| Object to News                     |   |                                       |  |                                   |                         |
| Charity's Nam                      | e   |                                       |  |                                   |                         |
|                                    |   |                                       |  |                                   |                         |
| Number S                           | Street  |                                       |  |                                   |                         |
|                                    |   |                                       |  |                                   |                         |
| City                               | State ZIP C                                     | ode                                   |  |                                   |                         |
|                                    |   |                                       |  |                                   |                         |
| Part 6: List                       | Certain Losses                                  |                                       |  |                                   |                         |
| 15. Within 1 y                     | ear before you filed fo                         | or bank                               | cruptcy or since you filed for bankruptcy, did you lose an   | ything because of theft, f        | ire, other disaster, or |
| gambling?                          |   |                                       |  |                                   |                         |
| ✓ No                               | in the detaile                                  |                                       |  |                                   |                         |
|                                    | in the details.                                 | and D                                 | and the same increases according for the land  | Date of voir land                 | Value of preparty last  |
|                                    | he property you lost a<br>ss occurred           | Ir                                    | rescribe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property lost  |
|                                    |   |                                       |  |                                   |                         |
|                                    |   |                                       |  |                                   |                         |
|                                    |   |                                       |  |                                   |                         |
| Part 7: List                       | Certain Payments                                | or Tr                                 | ansfers  |                                   |                         |
|                                    |   |                                       | cruptcy, did you or anyone else acting on your behalf pay  | or transfer any property          | to anyone you consulted |
| about seeking<br>Include any at    | g bankruptcy or prepa<br>ttorneys, bankruptcy p | <b>ring a</b><br>etition <sub>l</sub> | bankruptcy petition?<br>preparers, or credit counseling agencies for services require  | red in your bankruptcy.           |                         |
| □No                                |   |                                       |  |                                   |                         |
| <b>√</b> Yes. Fill                 | in the details.                                 |                                       |  |                                   |                         |
| Thurston L                         | aw Firm   |                                       | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment       |
| Person Who                         | Was Paid  |                                       | Attorney's Fee   |                                   |                         |
| Po Box 40 <sup>o</sup><br>Number S | 18<br>Street                                    |                                       |  | 1/10/2023                         | \$500.00                |
|                                    |   |                                       |  |                                   |                         |
| Itasca, IL 6                       |   |                                       |  |                                   |                         |
| City                               | State ZIP C                                     | ode                                   |  |                                   |                         |
| Email or web                       | site address                                    |                                       |  |                                   |                         |
| Person Who                         | Made the Payment, if Not                        | You                                   |  |                                   |                         |
|                                    |   |                                       |  |                                   |                         |
|                                    |   |                                       |  |                                   |                         |

| .01 1 <u>IVI</u>       |                                 | Middle Name Last Name   |                     | Case number (ii kiid                      |                           |
|------------------------|---------------------------------|---|---------------------|---|---------------------------|
| FIIS                   | st Name                         | Middle Name Last Name   |                     |   |                           |
|                        |                                 |   |                     |   |                           |
|                        |                                 | r bankruptcy, did you or anyone else acting o                       | n your behalf pay   | or transfer any property                  | to anyone who promised    |
|                        |                                 | to make payments to your creditors? fer that you listed on line 16. |                     |   |                           |
| <b>1</b> No            | , , , , , , , , , , , , , , , , |   |                     |   |                           |
| INO                    |                                 |   |                     |   |                           |
| Yes. Fill in the       | e details.                      |   |                     |   |                           |
|                        |                                 | Description and value of any property                               | transferred         | Date payment or                           | Amount of payment         |
|                        |                                 |   |                     | transfer was made                         | . ,                       |
| erson Who Was I        | Paid                            |   |                     |   |                           |
|                        |                                 |   |                     |   |                           |
| umber Street           |                                 |   |                     |   |                           |
|                        |                                 |   |                     |   |                           |
|                        |                                 |   |                     |   |                           |
|                        |                                 |   |                     |   |                           |
| ty                     | State ZIP Co                    | ode   |                     |   |                           |
|                        |                                 |   |                     |   |                           |
|                        |                                 |   |                     |   |                           |
| <b>√</b> No            |                                 |   |                     |   |                           |
| Yes. Fill in the       | e details.                      |   |                     |   |                           |
|                        |                                 | Description and value of property                                   | Describe ony        | aranarty ar naymanta                      | Date transfer was         |
|                        |                                 | transferred   |                     | property or payments bts paid in exchange | made                      |
|                        |                                 |   |                     |   |                           |
| erson Who Recei        | ived Transfer                   |   |                     |   |                           |
|                        |                                 |   |                     |   |                           |
| umber Street           |                                 |   |                     |   |                           |
|                        |                                 |   |                     |   |                           |
|                        |                                 |   |                     |   |                           |
| ty                     | State ZIP Co                    | ode   |                     |   |                           |
| erson's relatior       | nship to you                    |   |                     |   |                           |
|                        | · · ·                           |   |                     |   |                           |
|                        |                                 |   |                     |   |                           |
| Within 10 year         | s before you filed              | for bankruptcy, did you transfer any property                       | to a self-settled t | rust or similar device of                 | which you are a beneficia |
| ese are often c        | called asset-protect            | tion devices.)  |                     |   |                           |
| ÍNo                    |                                 |   |                     |   |                           |
| Yes. Fill in the       | e details                       |   |                     |   |                           |
| <u> </u>               | o dotano.                       |   |                     |   |                           |
|                        |                                 | Description and value of the property                               | transferred         |   | Date transfer was         |
|                        |                                 |   |                     |   | made                      |
| lame of trust          |                                 |   |                     |   |                           |
| anie oi tiust <u>—</u> |                                 |   |                     |   |                           |
|                        |                                 |   |                     |   |                           |
|                        |                                 |   |                     |   |                           |

| btor 1            | Mark                     | W.                   | Weiner  |                               | Case number (if known)                               |   |
|-------------------|--------------------------|----------------------|---|-------------------------------|--|---|
|                   | First Name               | Middle Name          | Last Name   |                               |  |   |
| rt 8: List        | : Certain Finan          | cial Accounts, I     | nstruments, Safe Depos  | it Boxes, and Storage         | e Units  |   |
| transferred       | d?<br>king, savings, mor |                      | were any financial accounts r financial accounts; certificate | -                             |  |   |
| √ No              | anvoo, accoolano         | no, and other man    | yai montanono.  |                               |  |   |
|                   | in the details.          |                      |   |                               |  |   |
| 103.1111          | in the details.          |                      |   |                               | _  |   |
|                   |                          | Last                 | 4 digits of account number                                    | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |
| Name of Fina      | ancial Institution       | xxx                  | x   | Checking                      |  |   |
| Number :          | Street                   |                      |   | Savings                       |  |   |
| Number            | olicei                   |                      |   | ☐ Money market                |  |   |
|                   |                          |                      |   | Brokerage                     |  |   |
|                   |                          |                      |   | Other                         |  |   |
| City              | State                    | ZIP Code             |   |                               |  |   |
| ☐ Yes. Fill       | in the details.          |                      |   |                               |  |   |
|                   |                          | Who                  | else had access to it?  | Describe the co               | ontents  | Do you still have it?                         |
|                   |                          |                      |   |                               |  | □No   |
| Name of Fina      | ancial Institution       | Name                 |   |                               |  | Yes   |
| Number            | Street                   | Numb                 | er Street   |                               |  |   |
|                   |                          | City                 | State ZIP Cod   | de                            |  |   |
| City              | State                    | ZIP Code             |   |                               |  | 1   |
|                   |                          |                      |   |                               |  |   |
| . Have you<br>☑No | stored property          | in a storage unit or | place other than your home                                    | within 1 year before you      | nied for bankruptcy?                                 |   |
|                   |                          |                      |   |                               |  |   |
| Yes. Fill         | in the details.          |                      |   |                               |  |   |
|                   |                          | Who                  | else has or had access to it?                                 | ? Describe the co             | ontents  | Do you still have it?                         |
|                   |                          |                      | _   |                               |  | □No   |
| Name of Sto       | rage Facility            | Name                 |   |                               |  | Yes   |
| Number            | Street                   | Numb                 | er Street   |                               |  |   |
|                   |                          | City                 | State ZIP Cod   | de                            |  |   |
| City              | State                    | ZIP Code             |   |                               |  |   |

|  |   |  | Weiner   | Case number (if kno  | · / ———  |
|--|---|--|--|--|--|
|  | First Name  | Middle Name  | Last Name  |  |  |
| 9: Ide   | ntify Property  | You Hold or Co   | ntrol for Someone Else   |  |  |
|  |   |  |  |  |  |
| _  | old or control ar   | ny property that sor   | meone else owns? Include   | any property you borrowed from, are storing for  | r, or hold in trust for someo  |
| <b>1</b> No  |   |  |  |  |  |
| Yes. Fill  | I in the details.   |  |  |  |  |
|  |   | Wh   | ere is the property?   | Describe the property  | Value  |
|  |   | VVII   | ere is the property:   | bescribe the property  | value  |
|  |   |  |  |  |  |
| wner's Nar   | me  | Numl   | ber Street   |  |  |
|  |   |  |  |  |  |
| umber  | Street  |  |  |  |  |
|  |   | City   | State ZIP  | Code   |  |
|  |   |  |  |  |  |
| ity  | State   | ZIP Code   |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
| 10: Gi   | ive Details Ab  | out Environment  | tal Information  |  |  |
| cleanup o  | ces, wastes, or m<br>of these substan   | aterial into the air, laces, wastes, or mate<br>facility, or property a  | and, soil, surface water, gro<br>erial.  | n concerning pollution, contamination, releases of undwater, or other medium, including statutes or numental law, whether you now own, operate, or u   | regulations controlling the  |
| cleanup of Site mea or utilize  Hazardo pollutant  | ces, wastes, or mof these substan<br>ans any location,<br>it, including dispous material mean<br>t, contaminant, or<br>otices, releases,                        | aterial into the air, laces, wastes, or mate facility, or property a osal sites.  as anything an envir similar term.  and proceedings the  | and, soil, surface water, grouerial.  as defined under any environ  conmental law defines as a hat you know about, regard  | undwater, or other medium, including statutes or   | regulations controlling the tilize it or used to own, oper stance, hazardous material  |
| Site mea<br>or utilize<br>Hazardo<br>pollutant,<br>port all no   | ces, wastes, or mof these substan<br>ans any location,<br>it, including dispous material mean<br>t, contaminant, or<br>otices, releases,                        | aterial into the air, laces, wastes, or mate facility, or property a osal sites.  as anything an envir similar term.  and proceedings the  | and, soil, surface water, grouerial.  as defined under any environ  conmental law defines as a hat you know about, regard  | nundwater, or other medium, including statutes or unmental law, whether you now own, operate, or unazardous waste, hazardous substance, toxic substance of when they occurred.   | regulations controlling the tilize it or used to own, operastance, hazardous material.   |
| Site mea<br>or utilize<br>Hazardo<br>pollutant<br>port all no<br>Has any o                             | ces, wastes, or mof these substantans any location, it, including disposus material meant, contaminant, or otices, releases, governmental ur                    | aterial into the air, laces, wastes, or mate facility, or property a osal sites.  as anything an envir similar term.  and proceedings the  | and, soil, surface water, grouerial.  as defined under any environ  conmental law defines as a hat you know about, regard  | nundwater, or other medium, including statutes or unmental law, whether you now own, operate, or unazardous waste, hazardous substance, toxic substance of when they occurred.   | regulations controlling the tilize it or used to own, operastance, hazardous material.   |
| Site mea<br>or utilize<br>Hazardo<br>pollutant<br>port all no<br>Has any o                             | ces, wastes, or mof these substan<br>ans any location,<br>it, including dispous material mean<br>t, contaminant, or<br>otices, releases,                        | aterial into the air, laces, wastes, or mate facility, or property a osal sites.  as anything an envir similar term.  and proceedings the  | and, soil, surface water, grouerial.  as defined under any environ  conmental law defines as a hat you know about, regard  | nundwater, or other medium, including statutes or inmental law, whether you now own, operate, or unazardous waste, hazardous substance, toxic subsless of when they occurred.  It is a province of the control of the co | regulations controlling the tilize it or used to own, operastance, hazardous material.   |
| Site mea<br>or utilize<br>Hazardo<br>pollutant<br>port all no<br>Has any g                             | ces, wastes, or mof these substantans any location, it, including disposus material meant, contaminant, or otices, releases, governmental ur                    | aterial into the air, laces, wastes, or mate facility, or property a osal sites.  In anything an envires similar term.  In and proceedings the site of the control of the c | and, soil, surface water, grouerial.  as defined under any environ  conmental law defines as a hat you know about, regard  | nundwater, or other medium, including statutes or unmental law, whether you now own, operate, or unazardous waste, hazardous substance, toxic substance of when they occurred.   | regulations controlling the tilize it or used to own, operastance, hazardous material.   |
| Site mea<br>or utilize<br>Hazardo<br>pollutant<br>port all no<br>Has any g                             | ces, wastes, or mof these substantans any location, it, including disposus material meant, contaminant, or otices, releases, governmental ur                    | aterial into the air, laces, wastes, or mate facility, or property a osal sites.  In anything an envires similar term.  In and proceedings the site of the control of the c | and, soil, surface water, grouerial.  as defined under any enviror  conmental law defines as a h  nat you know about, regardl  you may be liable or poten  | nundwater, or other medium, including statutes or inmental law, whether you now own, operate, or unazardous waste, hazardous substance, toxic subsless of when they occurred.  It is a province of the control of the co | regulations controlling the tilize it or used to own, operations and the tilize it or used to own, operations material.  The tilize it or used to own, operations in the tilize it or used to own, operations it is a second to own, operations it i |
| Site mea<br>or utilize<br>Hazardo<br>pollutant<br>port all no<br>Has any g                             | ces, wastes, or mof these substantans any location, it, including disposus material meant, contaminant, or otices, releases, governmental urill in the details. | aterial into the air, laces, wastes, or material into the air, laces, wastes, or material into the air, laces, wastes, or material into an anything an envirous similar term.  and proceedings the air notified you that   | and, soil, surface water, grouerial.  as defined under any enviror  conmental law defines as a h  nat you know about, regardl  you may be liable or poten  | nundwater, or other medium, including statutes or inmental law, whether you now own, operate, or unazardous waste, hazardous substance, toxic subsless of when they occurred.  It is a province of the control of the co | regulations controlling the tilize it or used to own, operations and the tilize it or used to own, operations material.  The tilize it or used to own, operations in the tilize it or used to own, operations it is a second to own, operations it i |
| Site mea<br>or utilize<br>Hazardo<br>pollutant,<br>port all no<br>Has any g<br>No                      | ces, wastes, or mof these substantans any location, it, including disposus material meant, contaminant, or otices, releases, governmental urill in the details. | aterial into the air, laces, wastes, or material into the air, laces, wastes, or material into the air, laces, wastes, or material into an anything an envirous similar term.  and proceedings the air notified you that   | and, soil, surface water, grouerial.  as defined under any enviror conmental law defines as a h  nat you know about, regard  you may be liable or poten  ernmental unit                              | nundwater, or other medium, including statutes or inmental law, whether you now own, operate, or unazardous waste, hazardous substance, toxic subsless of when they occurred.  It is a province of the control of the co | regulations controlling the tilize it or used to own, operations and the tilize it or used to own, operations material.  The tilize it or used to own, operations in the tilize it or used to own, operations it is a second to own, operations it i |
| Site mea or utilize  Hazardor pollutant, port all no Has any 9  No Yes. Fill                           | ces, wastes, or mof these substantans any location, it, including disposus material meant, contaminant, or otices, releases, governmental urill in the details. | aterial into the air, laces, wastes, or material into the air, laces, wastes, or material into the air, laces, wastes, or material into an anything an envirous similar term.  and proceedings the air notified you that   | and, soil, surface water, grouerial.  as defined under any enviror conmental law defines as a h nat you know about, regard you may be liable or poten ernmental unit                                 | nundwater, or other medium, including statutes or inmental law, whether you now own, operate, or unazardous waste, hazardous substance, toxic subsless of when they occurred.  It is a province of the control of the co | regulations controlling the tilize it or used to own, operations and the tilize it or used to own, operations material.  The tilize it or used to own, operations in the tilize it or used to own, operations it is a second to own, operations it i |
| Site mea or utilize  Hazardor pollutant, port all no Has any (IN)  Yes. Fill                           | ces, wastes, or mof these substantans any location, it, including disposus material meant, contaminant, or otices, releases, governmental unit in the details.  | aterial into the air, laces, wastes, or material into the air, laces, wastes, or material into the air, laces, wastes, or material into an anything an envirous similar term.  and proceedings the ait notified you that Govern  | and, soil, surface water, grouerial.  as defined under any enviror conmental law defines as a h nat you know about, regard you may be liable or poten ernmental unit                                 | nundwater, or other medium, including statutes or inmental law, whether you now own, operate, or unazardous waste, hazardous substance, toxic subsless of when they occurred.  It is a province of the control of the co | regulations controlling the tilize it or used to own, operations and the tilize it or used to own, operations material.  The tilize it or used to own, operations in the tilize it or used to own, operations it is a second to own, operations it i |
| Site mea<br>or utilize<br>Hazardon<br>pollutant,<br>port all no<br>Has any (<br>No<br>Yes. Fill        | ces, wastes, or mof these substantans any location, it, including disposus material meant, contaminant, or otices, releases, governmental unit in the details.  | aterial into the air, laces, wastes, or material into the air, laces, wastes, or material into the air, laces, wastes, or material into an anything an envirous similar term.  and proceedings the air notified you that Govern  | and, soil, surface water, grouerial.  as defined under any enviror conmental law defines as a h nat you know about, regard you may be liable or poten ernmental unit                                 | nmental law, whether you now own, operate, or unazardous waste, hazardous substance, toxic subsless of when they occurred.  It is a continuous management of the  | regulations controlling the tilize it or used to own, operations and the tilize it or used to own, operations material.  The tilize it or used to own, operations in the tilize it or used to own, operations it is a second to own, operations it i |
| Site mea<br>or utilize<br>Hazardo<br>pollutant,<br>port all no<br>Has any of<br>No<br>Yes. Fill        | ces, wastes, or mof these substan ans any location, it, including dispous material means, contaminant, or otices, releases, governmental unit in the details.   | aterial into the air, laces, wastes, or material into the air, laces, wastes, or material into the air, laces, wastes, or material into an another acceptance of the air and proceedings that are material into the air and proceedings that are material into a control into the air and proceedings that are material into an air and proceedings that are material into air and air are material into the air, laces, and air are material into the air, laces, and are are material into the air, laces, and are material into the air, la | and, soil, surface water, grouerial.  as defined under any enviror conmental law defines as a h nat you know about, regard you may be liable or poten ernmental unit nmental unit                    | nmental law, whether you now own, operate, or unazardous waste, hazardous substance, toxic subsless of when they occurred.  It is a continuous management of the  | regulations controlling the tilize it or used to own, operastance, hazardous material ental law?   |
| Site mea<br>or utilize<br>Hazardon<br>pollutant,<br>port all no<br>. Has any g<br>\( \frac{1}{2} \) No | ces, wastes, or mof these substantans any location, it, including disposus material meant, contaminant, or otices, releases, governmental unit in the details.  | aterial into the air, laces, wastes, or material into the air, laces, wastes, wa | and, soil, surface water, grouerial.  as defined under any enviror conmental law defines as a h nat you know about, regard you may be liable or poten ernmental unit nmental unit                    | nmental law, whether you now own, operate, or unazardous waste, hazardous substance, toxic subsless of when they occurred.  It is a continuous management of the  | regulations controlling the tilize it or used to own, operastance, hazardous material ental law?   |
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| Site mea or utilize Hazardo pollutant, port all no . Has any . Yes. Fill Name of site Number           | ces, wastes, or mof these substantans any location, it, including disposus material means, contaminant, or otices, releases, governmental under the details.    | aterial into the air, laces, wastes, or material into an envirous and proceedings that notified you that  Govern  Number  ZIP Code  | and, soil, surface water, grouerial.  as defined under any enviror conmental law defines as a h nat you know about, regardl you may be liable or poten  ernmental unit  mmental unit  State ZIP Code | nmental law, whether you now own, operate, or unazardous waste, hazardous substance, toxic substance of when they occurred.  It is a continuous substance of the substance of th | regulations controlling the tilize it or used to own, operastance, hazardous material ental law?   |

|   |  | W.   | Weiner   | Case number  | (if known)                                  |
|---|--|--|--|--|---|
|   | First Name   | Middle Name  | Last Name  |  |   |
|   |  | Gove   | ernmental unit   | Environmental law, if you know it  | Date of notice                              |
| Name of alta  |  |  |  | _  |   |
| Name of site  | e  | Gover  | nmental unit   |  |   |
| Number  | Street   | Numbe  | er Street  |  |   |
| , tumbor  |  | Turib.   |  |  |   |
|   |  | City   | State ZIP Code   | <del>_</del>   |   |
| City  | State  | ZIP Code   |  |  |   |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
| _   | u been a party in a  | ny judicial or adm   | inistrative proceeding unde  | er any environmental law? Include settlen  | nents and orders.                           |
| <b>☑</b> No   |  |  |  |  |   |
| Yes. Fill   | I in the details.  |  |  |  |   |
|   |  | Cour   | rt or agency   | Nature of the case   | Status of the case                          |
|   |  |  |  |  |   |
| Case title _  |  | Court  | Name   | _  | Pending                                     |
|   |  |  |  |  | On appeal                                   |
|   |  |  |  |  | ☐ Concluded                                 |
|   |  | Numbe  | er Street  |  |   |
|   |  | Number   | er Street  |  |   |
| Case numbe  | er   |  | er Street State ZIP Code   |  |   |
| Case numbe  | er   | City   |  |  |   |
| Case numbe  | er   |  |  |  |   |
|   |  | City   | State ZIP Code   | ny Business  |   |
|   |  | City   |  | ny Business  |   |
| rt 11: Gi   | ive Details Abou   | <b>City</b><br>ut Your Busines   | State ZIP Code   | ny Business or have any of the following connections   | to any business?                            |
| rt 11: Gi   | ive Details Abou<br>years before you f   | City  ut Your Busines  iled for bankrupto  | State ZIP Code ass or Connections to A asy, did you own a business   |  | to any business?                            |
| rt 11: Gi<br>. Within 4 y<br>☐ A s                            | ive Details Abou years before you f  | City  ut Your Busines  illed for bankrupto elf-employed in a t   | State ZIP Code ass or Connections to A asy, did you own a business   | or have any of the following connections ctivity, either full-time or part-time  | to any business?                            |
| rt 11: Gi<br>. <b>Within 4</b> y<br>☐ A s                     | ive Details Abou years before you f sole proprietor or so member of a limited  | City  ut Your Busines  illed for bankrupto elf-employed in a to  | State ZIP Code ass or Connections to A asy, did you own a business arade, profession, or other ac  | or have any of the following connections ctivity, either full-time or part-time  | to any business?                            |
| rt 11: Gi . Within 4 y  | years before you for some proprietor or some member of a limited partner in a partner  | City  ut Your Busines  illed for bankrupto elf-employed in a to d liability company ship   | State ZIP Code as or Connections to A asy, did you own a business arade, profession, or other ac (LLC) or limited liability part   | or have any of the following connections ctivity, either full-time or part-time  | to any business?                            |
| rt 11: Gi 7. Within 4 y                                       | years before you feel sole proprietor or somember of a limited partner in a partner of officer, director, or   | City  Lit Your Busines  Liled for bankrupto elf-employed in a to a liability company ship  Lit managing execut   | State ZIP Code ass or Connections to A ass, did you own a business arade, profession, or other ac (LLC) or limited liability part ive of a corporation   | or have any of the following connections ctivity, either full-time or part-time tnership (LLP)   | to any business?                            |
| rt 11: Gi 7. Within 4 y                                       | years before you for sole proprietor or sometime of a limited partner in a partner of officer, director, or a owner of at least 5  | City  Let Your Busines  Liled for bankrupto  Lelf-employed in a to  d liability company  ship  managing execut  5% of the voting or  | State ZIP Code as or Connections to A asy, did you own a business arade, profession, or other ac (LLC) or limited liability part ive of a corporation requity securities of a corpo  | or have any of the following connections ctivity, either full-time or part-time tnership (LLP)   | to any business?                            |
| 7. Within 4 y A s A n A p An An An                            | years before you for sole proprietor or sometime of a limited partner in a partner in officer, director, or a owner of at least 5 ane of the above apprince of the solution of | City  Ut Your Busines  Giled for bankrupto elf-employed in a to the diability company ship managing execut 5% of the voting or plies. Go to Part 1   | State ZIP Code as or Connections to A ey, did you own a business trade, profession, or other ac (LLC) or limited liability part tive of a corporation requity securities of a corpo  | or have any of the following connections ctivity, either full-time or part-time tnership (LLP)   | to any business?                            |
| rt 11: Gi 7. Within 4 y ☐ A s ☐ A n ☐ A n ☐ An ☐ An ☐ An      | years before you for sole proprietor or sometime of a limited partner in a partner in officer, director, or a owner of at least 5 ane of the above apprince of the solution of | City  Let Your Busines  Liled for bankrupto Let elf-employed in a to deliability company Liship Let managing execut Liship or managing execut Liship | State ZIP Code as or Connections to A asy, did you own a business arade, profession, or other ac (LLC) or limited liability part ive of a corporation are equity securities of a corpo 2. a details below for each bus                             | or have any of the following connections ctivity, either full-time or part-time tnership (LLP)   |   |
| rt 11: Gi 7. Within 4 y ☐ A s ☐ A n ☐ A n ☐ An ☐ An ☐ An      | years before you for sole proprietor or sometime of a limited partner in a partner in officer, director, or a owner of at least 5 ane of the above apprince of the solution of | City  Let Your Busines  Liled for bankrupto Let elf-employed in a to deliability company Liship Let managing execut Liship or managing execut Liship | State ZIP Code as or Connections to A ey, did you own a business trade, profession, or other ac (LLC) or limited liability part tive of a corporation requity securities of a corpo  | or have any of the following connections ctivity, either full-time or part-time thership (LLP)  ration  iness.  Employer Identifica                      | tion number                                 |
| rt 11: Gi 7. Within 4 y ☐ A s ☐ A n ☐ A n ☐ An ☐ An ☐ An ☐ An | years before you for sole proprietor or sometime of a limited partner in a partner in officer, director, or a owner of at least 5 ane of the above apprince of the solution of | City  Let Your Busines  Liled for bankrupto Let elf-employed in a to deliability company Liship Let managing execut Liship or managing execut Liship | State ZIP Code as or Connections to A asy, did you own a business arade, profession, or other ac (LLC) or limited liability part ive of a corporation are equity securities of a corpo 2. a details below for each bus                             | or have any of the following connections ctivity, either full-time or part-time tinership (LLP)  ration  iness.  Employer Identifica Do not include Soci | tion number<br>al Security number or ITIN.  |
| rt 11: Gi  '. Within 4 y  A s  A p  An  An  An  Yes. Ch       | years before you for sole proprietor or sometime of a limited partner in a partner in officer, director, or a owner of at least 5 ane of the above apprince of the solution of | City  Let Your Busines  Liled for bankrupto Let elf-employed in a to deliability company Liship Let managing execut Liship or managing execut Liship | State ZIP Code as or Connections to A asy, did you own a business arade, profession, or other ac (LLC) or limited liability part ive of a corporation are equity securities of a corpo 2. a details below for each bus                             | or have any of the following connections ctivity, either full-time or part-time thership (LLP)  ration  iness.  Employer Identifica                      | tion number<br>al Security number or ITIN.  |
| rt 11: Gi 7. Within 4 y A s A n A n An An Yes. Ch             | years before you for sole proprietor or sometime of a limited partner in a partner in officer, director, or a owner of at least 5 ane of the above apprince of the solution of | City  Ut Your Busines  Tiled for bankrupto elf-employed in a to d liability company ship managing execut 5% of the voting or plies. Go to Part 1 above and fill in the   | State ZIP Code as or Connections to A asy, did you own a business arade, profession, or other ac (LLC) or limited liability part ive of a corporation arequity securities of a corpo 2. be details below for each bus acribe the nature of the bus | or have any of the following connections ctivity, either full-time or part-time thership (LLP)  ration  iness.  Employer Identifica Do not include Soci  | tion number<br>al Security number or ITIN.  |
| rt 11: Gi 7. Within 4 y A s A n A n An An Yes. Ch             | years before you for sole proprietor or sometime of a limited partner in a partner in officer, director, or a owner of at least 5 ane of the above appreck all that apply a  | City  Ut Your Busines  Tiled for bankrupto elf-employed in a to d liability company ship managing execut 5% of the voting or plies. Go to Part 1 above and fill in the   | State ZIP Code as or Connections to A asy, did you own a business arade, profession, or other ac (LLC) or limited liability part ive of a corporation are equity securities of a corpo 2. a details below for each bus                             | or have any of the following connections ctivity, either full-time or part-time thership (LLP)  ration  iness.  Employer Identifica Do not include Soci  | tion number<br>al Security number or ITIN.  |
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| ebtor 1      | Mark                                  | W.                            | Weiner                                  | Case number (if known)   |
|--------------|---------------------------------------|-------------------------------|---|--|
|              | First Name                            | Middle Name                   | Last Name                               |  |
| creditors, o | 2 years before you or other parties.  | filed for bankruptcy, di      | d you give a financial state            | ment to anyone about your business? Include all financial institutions,  |
| <b>√</b> No  |                                       |                               |   |  |
| ☐ Yes. F     | ill in the details belo               | w.                            |   |  |
|              |                                       | Date iss                      | ued                                     |  |
| Name         |                                       | MM / DD / Y                   | YYYY                                    |  |
| Number       | Street                                |                               |   |  |
|              |                                       |                               |   |  |
|              |                                       |                               |   |  |
| City         | State                                 | ZIP Code                      |   |  |
|              |                                       |                               |   |  |
| Part 12: S   | Sign Below                            |                               |   |  |
| and correct  | t. I understand that                  | making a false statem         | ent, concealing property, or            | ents, and I declare under penalty of perjury that the answers are true obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| • —          | Mark W. Weiner<br>ature of Mark W. We | einer, Debtor 1               |   |  |
| Date         | 01/16/2023                            | _                             |   |  |
|              | ach additional page                   | es to your <i>Statement o</i> | f Financial Affairs for Indivi          | duals Filing for Bankruptcy (Official Form 107)?   |
| <b>√</b> No  |                                       |                               |   |  |
| Yes          |                                       |                               |   |  |
| Did you pay  | v or agree to pay so                  | omeone who is not an          | attorney to help you fill out           | bankruptcy forms?  |
| <b>√</b> No  | , 5                                   |                               | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
|              |                                       |                               |   | Attach the Bankruptcy Petition Preparer's Notice,  |
| ☐ Yes. N     | iame or person ——                     |                               |   | Declaration, and Signature (Official Form 119).  |

| Fill in this information | n to identify your cas | e:          |                               |  |
|--------------------------|------------------------|-------------|-------------------------------|--|
| Debtor 1                 | Mark                   | W.          | Weiner                        |  |
|                          | First Name             | Middle Name | Last Name                     |  |
| Debtor 2                 |                        |             |                               |  |
| (Spouse, if filing)      | First Name             | Middle Name | Last Name                     |  |
| United States Bank       | cruptcy Court for the: |             | Iorthern District of Illinois |  |
| Case number              |                        |             |                               |  |
| (if known)               |                        |             |                               |  |

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

|  | ur Creditors Who Have Secured Clair       | ms<br>creditors Who Have Claims Secured by Property (Officia   | al Form 106D), fill in the information                     |
|--|---|--|--|
| Identify the cre                       | ditor and the property that is collateral | What do you intend to do with the property that s a debt?  | ecures Did you claim the property as exempt on Schedule C? |
| Creditor's name:                       | Chase Auto Finance                        | <ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>   | ☐ No<br><b>☑</b> Yes                                       |
| Description of property securing debt: | 2017 Suburu Outback                       | Retain the property and redeem it.  Retain the property and enter into a  Reaffirmation Agreement.  Retain the property and [explain]: | <b>u</b> res   |

| Debtor 1 | Mark       | W.          | Weiner    | Case number (if known) |  |
|----------|------------|-------------|-----------|------------------------|--|
|          | First Name | Middle Name | Last Name |                        |  |

Part 2: List Your Unexpired Personal Property Leases

| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the            |
|--|
| information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an |
| unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).  |

| Describe your unexpired personal property leases   | Will the lease be assumed?                                 |
|--|--|
| Lessor's name:   | □ No   |
| Lesson's Harrie.   |  |
| Description of leased  | Yes  |
| property:  |  |
| Lessor's name:   | ☐ No   |
|  | ☐ Yes  |
| Description of leased property:  |  |
|  |  |
| Lessor's name:   | ☐ No   |
| Description of leased  | ☐ Yes  |
| property:  |  |
| Language manage.   | □ No   |
| Lessor's name:   |  |
| Description of leased  | Yes  |
| property:  |  |
| Lessor's name:   | ☐ No   |
|  | ☐ Yes  |
| Description of leased property:  |  |
| ргорену.   |  |
| Lessor's name:   | ☐ No   |
| Description of leased  | ☐ Yes  |
| Description of leased property:  |  |
|  |  |
| Lessor's name:   | □ No   |
| Description of leased  | Yes  |
| property:  |  |
|  |  |
|  |  |
| rt 3: Sign Below   |  |
|  |  |
| Under penalty of perjury, I declare that I have indicated my intention about any property that is subject to an unexpired lease. | property of my estate that secures a debt and any personal |
|  |  |
| /s/ Mark W. Weiner   |  |
| Signature of Debtor 1  |  |
|  |  |
| Date 01/16/2023  |  |

# United States Bankruptcy Court Northern District of Illinois

| In re | Weiner, Mark               | W.                                  |  |   |
|-------|----------------------------|-------------------------------------|--|---|
|       |                            |                                     | Case No.   |   |
| Debte | or                         |                                     | Chapter  | 7   |
|       |                            | DISCLOSURE OF CO                    | MPENSATION OF ATTORNEY F   | OR DEBTOR   |
| 1.    | compensation pa            | aid to me within one year before th | . 2016(b), I certify that I am the attorney for<br>the filing of the petition in bankruptcy, or ago<br>templation of or in connection with the ban | reed to be paid to me, for services rendered                              |
|       | ✓ FLAT FEE                 |                                     |  |   |
|       | For legal services         | s, I have agreed to accept          |  | \$2,385.00  |
|       | Prior to the filing        | of this statement I have received   |  | \$500.00  |
|       | Balance Due                |                                     |  |   |
|       | RETAINER                   |                                     |  |   |
|       | For legal services         | s, I have agreed to accept and rec  | ceived a retainer of   |   |
|       | [Or attach firm ho         | =                                   | n hourly rate ofve agreed to pay all Court approved fees   |   |
| 2.    | \$338.00                   | of the filing fee has been p        | paid.  |   |
| 3.    | The source of the          | e compensation paid to me was:      |  |   |
|       | <b>✓</b> Debtor            | Other (specify)                     |  |   |
| 4.    | The source of co           | empensation to be paid to me is:    |  |   |
|       | <b>✓</b> Debtor            | Other (specify)                     |  |   |
| 5.    | ☑ I have not ag            | greed to share the above-disclose   | d compensation with any other person un  | less they are members and associates of my                                |
|       | _                          |                                     | ompensation with a other person or perso list of the names of the people sharing in  | ns who are not members or associates of my the compensation, is attached. |
| 6.    | In return for the a        | above-disclosed fee, I have agree   | d to render legal service for all aspects of   | the bankruptcy case, including:   |
|       | a. Analysis of bankruptcy: |                                     | nd rendering advice to the debtor in deter   | mining whether to file a petition in                                      |

Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- 7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Negotiations with secured creditors to reduce to market value, representation of the debtors in any dischargeability actions, judicial lien avoidances, contested matters and any adversary proceedings. Continued 341 meetings due to debtor's failure or inability to appear.

Motion practice, including, but not limited to motions to reopen, motions to redeem, motions to avoid liens/judgments, motions/complaints to abandon/refinance/sell/purchase property, post-petition amendments, conversions, Rule 2004 examinations, issues that arise that are not specifically listed in the retainer.

## CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/16/2023 /s/ Christine Thurston

Date Christine Thurston
Signature of Attorney

Bar Number: 6297774 Thurston Law Firm Po Box 4018 Itasca, IL 60143-4018 Phone: (312) 818-8008

Thurston Law Firm

Name of law firm

# IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

| IN RE: Weiner, Mark W.           | CASE NO   |  |  |
|----------------------------------|---|--|--|
|                                  | CHAPTER 7   |  |  |
|                                  |   |  |  |
| VERIFICATION OF CREDITOR MATRIX  |   |  |  |
| The above named Debtor hereby vo | prifies that the attached list of creditors is true and correct to the best of his/her knowledge. |  |  |
| Date01/16/2023 Sign              | ature /s/ Mark W. Weiner  Mark W. Weiner, Debtor  |  |  |

#### Advanced Sleep Therapy

2010 S Arlington Heights Rd Ste 300 Arlington Hts, IL 60005-4134

#### Amex

Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998-0000

#### Bank of America

Attn: Bankruptcy Po Box 660933 Dallas, TX 75266-0933

#### Chase Auto Finance

Attn: Bankruptcy PO Box 901076 Fort Worth, TX 76101-2076

#### Chase Card Services

Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850

#### Citibank

Attn: Bankruptcy 701 East 60th Street North Sioux Falls, SD 57117

#### Internal Revenue Service

Centralized Insolvency Operation Post Office Box 7346 Philadelphia, PA 19101-7346

#### Lendclub Bnk

Attn: Bankruptcy Attn: Bankruptcy 595 Market Street , Suite 200 San Francisco, CA 94105

#### Macys/fdsb

Attn: Bankruptcy 9111 Duke Boulevard

Mason, OH 45040

#### Nordstrom FSB

Attn: Bankruptcy Po Box 6555

Englewood, CO 80155-0000

#### Northshore University Health

23056 Network Place Chicago, IL 60673-1230

#### Spring Oaks Capital, Llc

Attn: Bankruptcy P.O. Box 1216

Chesapeake, VA 23327-1216

#### Synchrony/PayPal Credit

Attn: Bankruptcy PO Box 965060

Orlando, FL 32896-5060

#### Truist Bank

Attn: Bankruptcy MC VA-RVW-6290 POB

85092

Richmond, VA 23286

#### Truist Bank

Attn: Bankruptcy Mail Code VA-RVW-6290

POB 85092

Richmond, VA 23286

#### Barbara Weiner

3131 Hill Ln

Wilmette, IL 60091-2928

#### Wells Fargo Bank NA

1 Home Campus MAC X2303-01A 3rd Floor Des Moines, IA 50328

## CONTRACT FOR PRE-PETITION LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

| Mark Weiner                              | harainaftar referred to as the Dobtor's                 |
|--|---|
|  | , hereinafter referred to as the Debtor(s).             |
| agree to retain the law firm of Thursto  | n Law Firm for the limited purpose of providing legal   |
| <u> </u>                                 | iding an evaluation of the debtor's financial situation |
| and an explanation of available option   | s, including Chapter 13. After which, Thurston Law Firm |
| has agreed to prepare, review with ye    | ou, and file Debtor's petition and schedules with the   |
| Clerk of the Bankruptcy Court. In add    | ition to the legal services provided, Thurston Law Firm |
| agrees to obtain a credit report on be   | half of the Debtor, as well as assist in procurement of |
| mandatory credit counseling. Thurston    | Law Firm's representation is completed and any and      |
| all agreements, including, but not limit | ted to, this one are terminated upon the filing of the  |
| debtor's bankruptcy petition and schec   | ules.   |

Debtor agrees to pay a retainer of \$\_\_\_\_\_ \_\_\_\_ to Thurston Law Firm for the above-stated pre-filing legal services, related expenses, and court costs. It is understood that both Debtor and Thurston Law Firm enter into this agreement with the intention that upon the completion/termination of service contracted for under this agreement, Debtor will enter into a second retainer agreement with Thurston Law Firm for post-filing bankruptcy related services. It is understood that neither Debtor nor Thurston Law Firm are under any further obligation to each other once the services contemplated under this agreement have been terminated and/or the bankruptcy petition has been filed with the Court. Debtor retains the ability to represent him/herself or is free to obtain other representation for services to be rendered subsequent to the filing of the Chapter 7 Petition. If Debtor intends to have Thurston Law Firm as their legal representative subsequent to the petition being filed, an additional retainer agreement must be entered into at that time. The Firm has agreed to represent you on the condition that you will enter into and sign an agreement after the filing of your bankruptcy case to pay for services rendered after the bankruptcy filing. If you fail to sign a post-petition agreement, within ten (10) days after the filing of your case, the Firm will file a motion to withdraw from representing you.

I understand the flat fee being charged does not cover all bankruptcy-related services that may arise. These include missed Section 341 meetings, amendments to add creditors, motions, including: to reopen the case, avoid judgment liens, dismiss, for enlargement of time, contested matters, such as objections to exemptions, audits, attending rule 2004 examinations, adversary proceedings, and representation during trustee asset administration, if any. We will advise you if additional fees are required and you can choose to pay us, hire other attorneys, or handle those yourself. The flat fee is based on information given to us by the Debtor. If the circumstances are changed, we reserve the right to charge additional fees.

Payments on flat fee or hourly become our property on payment and are deposited into our operating account, not a client trust account.

If you decide not to proceed, delay, fail to respond, pay fees, or provide all information and sign your petition, you agree that Thurston Law Firm may discontinue work. We will refund all unearned fees and provide you with an hourly time sheet showing fees earned at a rate of \$300.00 per hour.

| Date: <u>Jan 10, 2023</u>                   |          |
|---|----------|
| Client Mark Weiner (Jan 10, 2023 19:55 CST) | _ Client |
|   |          |
| Attorney                                    | -        |

#### \*DISCLAIMER

The creditors listed in your bankruptcy petition will receive notice of your bankruptcy filing from the Clerk of the United States Bankruptcy Court. Please be advised that it will be several days before these creditors receive the notice. Therefore, if you are concerned about a particular creditor taking immediate action against you, contact the creditor directly and provide the creditor with a copy of your Notice of Bankruptcy Filing. This is especially important if you are at risk of having your vehicle repossessed, real estate foreclosed, or wages garnished.

## **CHAPTER 7 DISCLAIMERS**

| 1. | I authorize Thurston Law Firm to pull a credit report on my behalf. I understand the credit report does not report every debt I owe. I understand that it is my responsibility to provide all my debts to Thurstor Law Firm to list in my bankruptcy.   |
|----|---|
|    | <u>MW</u><br>MW   |
| 2. | I agree that in the preparation of my bankruptcy petition and schedules that I have disclosed to Thurston Law Firm all my debts, sources of income, assets, personal property, real estate, transfers of rea estate or any property over the past 4 years, and all expenses I have.   |
|    | <u>MW</u><br>MW   |
| 3. | I agree that I will attend my creditors meeting at the time, date, and location that will be mailed to me by the Bankruptcy Court. I will bring my <b>driver's license or State ID and my social security card</b> . Failure to attend this meeting is grounds for my case to be dismissed. I also understand that failure to bring the requested documents to the meeting could be grounds for the meeting to not be held. I also understand that because of scheduling conflicts, Thurston Law Firm may have a coverage attorney from another firm attend the meeting with me.                    |
|    | <u>MW</u>   |
| 4. | I understand and agree to complete my 2nd credit counseling (debtor education) course within 45 days of my original 341 meeting date, and submit a copy of the certificate showing I completed this to my attorney. I also understand that failure to complete this 2nd course and submit it to my attorney can be grounds to have my case closed without a discharge. I understand that if my case closes without a discharge, that additional fees (\$350 attorney's fee PLUS \$260 court fee) would have to be paid to Thurston Law Firm to re-open my case to file the debtor education course. |
|    | <u></u>   |
| 5. | If I have a court-ordered garnishment coming out of my paycheck or bank account, I will provide my payroll or bank information to Thurston Law Firm so that they contact my payroll or bank to stop the garnishment. If I do not provide my attorney with the contact information, I agree and understand that it is my responsibility to provide my payroll department or bank with proof of my bankruptcy to stop any garnishments.   |
|    | <u></u>   |
| 6. | If I have a voluntary deduction coming out of my paycheck/bank account, it is the advice of Thurston Law Firm to contact the creditor to stop said deduction or garnishment prior to filing bankruptcy, or requesting my bank to close my account and open a new account.   |
|    | <u></u>   |
| 7. | I understand that I must have filed my federal and state taxes for the past 4 years if I was legally required to, and failure to have done so is grounds to have my case dismissed.   |

| 0.  | ragiee to folly review my bankropicy perillori and schedules with morston law him for accordcy.  |
|-----|--|
|     | <u>MW</u>  |
| 9.  | I understand that I must fully disclose all assets, real property, cash, expected tax refunds, inheritance, future settlements, potential or pending lawsuits, or personal property of any kind prior to the filing of the bankruptcy. I further understand that any assets which have equity that cannot be exempted will be subject to liquidation by the Chapter 7 Trustee.   |
|     | <u>Mw</u>  |
| 11. | I understand that the following debts will not be discharged in my Chapter 7 (this list shows the most common non-dischargeable debts, but not necessarily all): student loans, parking tickets, moving violations, certain governmental debts including taxes and code violations, and child support.   |
|     | <u>MW</u>  |
| 12. | I understand if I wish to keep a secured debt, such as mortgage(s), automobiles, home equity loan(s), etc, that my creditor(s) has to offer me a reaffirmation agreement and I must be current on my monthly payments. The reaffirmation agreement must be signed and filed with the court before my case discharges. I understand that, once effective, any reaffirmation agreement that I sign will then make the debt survive bankruptcy and be non-dischargeable. If I am not offered a reaffirmation agreement, I may not be able to keep my property. I understand that my car/mortgage creditor may stop reporting to the credit reporting agencies if I do not reaffirm. |
|     | <u>MW</u>  |
| 13. | I understand that generally the creditor will send the Reaffirmation Agreement to my attorney within 30 days of filing. If I do not receive one by that time and wish to reaffirm on my loan, I will contact Thurston Law Firm to request one on my behalf. Once the reaffirmation agreement is filed with the court, the debt will be non-dischargeable. I also understand that if the Reaffirmation Agreement is not filed with the court by the time I receive my discharge, I am forever barred from reaffirming on the loan.  |
|     | MW_  |
| 14. | I understand that the bankruptcy judge will review my budget when approving or denying the reaffirmation agreement and that it is possible that the judge may determine that the reaffirmation is not in my best interest.   |
|     | <u>MW</u>  |
| 15. | I understand that the scope of representation from Thurston Law Firm does not extend to credit repair.   |
|     | <u>Mw</u>  |
| 16. | I understand that if I have made any recent credit card transactions, cash advances, or incurred loans during the 3 month period prior to my bankruptcy, an adversary lawsuit may be brought against me in   |

bankruptcy court. An adversary is a lawsuit in which a creditor asks the court to make a certain debt

|     | <u>MW</u>   |
|-----|---|
| 17. | I have disclosed all prior bankruptcies that I have filed in the last eight (8) years. I further understand that if I have filed a Chapter 7 bankruptcy in the last eight (8) years, I am not eligible to file a Chapter 7 right now.   |
|     | <u>MW</u><br>MW   |
| 18. | I understand to be eligible for a Chapter 7, that I cannot have any disposable income after paying all my monthly expenses, and I also have to pass the means test, and that if I do have a significant amount of disposable income available or I fail the means test that I may be ineligible for a Chapter 7. understand if I do have disposable income and we attempt to rebut the presumption, the US Trustee may deem my case an abuse and I may have to let my case be dismissed or convert to a Chapter 13.   |
|     | <u>MW</u>   |
| 19. | I understand and acknowledge that when I surrender a property through my Chapter 7 bankruptcy that the property is still my responsibility until it is sold at a foreclosure sale and I must keep up the property insurance and maintenance of the property until the sale date. I understand that, if I neglect to maintain the property and am assessed city code violations, I will be responsible to pay those fines Further, I must continue to pay homeowners and association fees after the bankruptcy is filed until the property is sold. If I do not pay these fees the Association can sue me for the balance of unpaid fees from the filing of the bankruptcy until the property is sold. |
|     | <u>MW</u>   |
| 20. | I understand that even if I have no balance on one of my accounts, the creditor may be notified of my bankruptcy through credit report alerts and may close that account regardless of having a zero balance.   |
|     | <u>MW</u>   |
| 21. | I understand that auto pay will be ceased by the creditor, as well as online access for secured debts, such as a mortgage or car finance. If I wish to keep these items, I will make the payment every month by phone or mail.  |
|     | <u>MW</u><br>mw   |
| 22. | I understand that my student loans will go into forbearance during the pendency of my bankruptcy, but<br>I will owe the balance plus any interest accrued upon discharge.   |
|     | <u>MW</u>   |
| 23. | I understand that if I have a cosigner on any of my debt, the cosigner will still be responsible for that debt after my case is filed.  |

non-dischargeable. I understand that if I want Thurston Law Firm to represent me in an adversary I must pay additional attorney's fees.



| 25. | I understand if I own real property, a vehicle, or other property, that it is my responsibility to disclose an |
|-----|--|
|     | accurate market value for the property. The most reliable way to do this is by an appraisal. I                 |
|     | understand the trustee can disagree with the value I've asserted and request his own appraisal. If the         |
|     | trustee finds that the property is worth more than I've asserted, he can ask for the property to be            |
|     | liquidated. If you decide to use real estate comparables in lieu of an appraisal, I cannot hold Thurston       |
|     | Law Firm liable in the event that our property is determined to have equity, and if the Chapter 7 Trustee      |
|     | attempts to liquidate said property(ies).  |

| MW |  |  |
|----|--|--|
| MW |  |  |

26. I understand that if I fail to disclose a potential lawsuit I may have against another entity, I may be barred from pursuing that claim in the future.

| MW |   |   |
|----|---|---|
| MW | _ | _ |

27. If I am continued to be contacted by creditors after the case is filed, I will tell the creditor I filed bankruptcy and give them my case number, attorney's information, and Notice of Bankruptcy. I will contact my attorney if they continue to contact me.



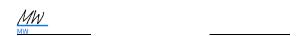
28. I understand that the U.S. Trustee sometimes audits certain cases and will request additional documents, such as two years of bank statements. I understand there will be additional attorney's fees if I am selected. I will comply with any requests and supply that additional documentation. If I fail to do so, the trustee can ask that my discharge be denied.



29. I understand that a trustee will sometimes request the 3 months or more prior to filing bank statements from all bank accounts. If there are any monetary gifts/transfers to anyone (friends, family members, loved ones) in the past year or debts paid to a creditor over \$600 in the past 90 days, the trustee can either pursue a collection effort against the entity to whom it was paid. Failure to disclose any transactions to a creditor in the last 3 months or to an insider (friend, family member, loved one) in the past year may result in a revocation of discharge or dismissal of my case.



30. Any statement given during the course of any proceedings or any documents filed in the proceedings may be used against the person in this or any other proceeding, including any criminal prosecution. Each individual debtor may be able to assert a privilege, such as the privilege against self-incrimination.



31. I understand that if I have creditors on auto pay or auto deduction, it is my responsibility to contact them to immediately stop any payments from being deducted from my account.



32. I understand that I must inform Thurston Law Firm if I receive, within 180 days (6 months), after filing the bankruptcy any of the following: an inheritance, property settlement agreement with my spouse during the pendency of a divorce, or as a beneficiary of a life insurance policy or of a death benefit plan. I further understand if I receive any of the above within 180 days of filing my case,, that the trustee can liquidate those assets to pay my creditors.

| 11/10 |  |  |
|-------|--|--|
| MW    |  |  |
| MW    |  |  |

33. I understand Thurston Law Firm primarily communicates by email instead of US Mail, and that I must notify Thurston Law Firm immediately if I change my physical address or email address

| MW |   |  |
|----|---|--|
| MW | _ |  |

34. I understand that Thurston Law Firm is a paperless office and does not retain original paper documents. I further understand that I will not give Thurston Law Firm any of my original documents.

| MW |  |
|----|--|
| MW |  |

## **DISCLAIMER FOR DEBTORS WHO OWE INCOME TAX DEBT (Chapter 7)**

| 1. | I understand that taxes owed to the IRS, State of IL, or any other federal, state, or local tax authority may not be discharged in my bankruptcy, meaning that I may still owe taxes after the completion of my bankruptcy. |
|----|---|
|    | <u>MW</u>   |
| 2. | I understand that I will not be discharged of any taxes for which a tax return has been due in the last 3 years.  |
|    | <u>MW</u>   |
| 3. | I understand that I will not be discharged for any taxes for which a return has not been filed for 2 years.   |
|    | <u>Mw</u>   |
| 4. | I understand that the tax authority still has the right to offset my next refund by the amount owed, regardless of whether it is being paid or discharged in my bankruptcy.   |
| 5. | I understand that if I did not file taxes for a tax year, those will not be discharged.   |
| 6. | I understand that if the tax entity filed the taxes on my behalf, those taxes will not be discharged.   |
|    | <u></u>   |
| 7. | I understand that if the tax authority has filed a lien on any of the tax years, those taxes are non-dischargeable.   |
|    | <u>Mw</u>   |
| 8. | I understand that if the tax authority assessed my taxes within the 240 days prior to filing the bankruptcy, those taxes will not be discharged.  |
|    | <u>MW</u><br>MW   |
| 9. | I understand that if I filed my returns late, any late penalties or interest will not be discharged.  |
|    | MW  |

| Debi | Processor.   | rk<br>t Name                                       | W.<br>Middle I    | Name   | Weiner<br>Last Name  | _                                | Case   | numbe   | or (if known)  |  |
|------|--|--|-------------------|--|--|----------------------------------|--|---|--|--|
| Par  | t 6: Answer Th   | ese Question                                       | s for R           | eporting Pu  | rposes   |                                  |  |   |  |  |
| 16.  | What kind of del<br>have?  | bts do you   | 16a.              | "incurred by a   | ots primarity con<br>an individual prim<br>to line 16b.<br>to line 17, | sun                              | ner debts? Consumer debts are<br>y for a personal, family, or house  | defined<br>hold pu                                    | in 11 U.S.C. § 101(8) as rpose."   |  |
|      |  |  | 16b.              | for a business   | ots primarily bus<br>s or investment of<br>to line 16c.<br>to line 17. | inec                             | ss debts? Business debts are de<br>rough the operation of the busin  | ebts that<br>ess or in                                | you incurred to obtain money nvestment.  |  |
|      |  |  | 16c.              | State the type   | of debts you ow  | ve th                            | nat are not consumer debts or bu   | isiness   | debts.   |  |
| 17.  | Are you filing ur  | nder Chapter 7?                                    | N                 |  | lo. I am not filing under Chapter 7. Go to line 18.                    |                                  |  |   |  |  |
|      | Do you estimate exempt property and administrati paid that funds to for distribution to creditors? | is excluded<br>ve expenses ar<br>vill be available | в                 | Yes. I am filing under Chapter 7. D<br>administrative expenses are p<br>No Session Yes |  | Do you estimate that after any e | xempt p  | roperty is excluded and ibute to unsecured creditors? |  |  |
| 18.  | How many credi<br>estimate that you  |  |                   | 1-49 L<br>50-99 L<br>100-199 L<br>200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,00                            | )                                | 25,001-50,000  50,00   | 00-100,   | 000 More than 100,000  |  |
| 19.  | How much do yo<br>assets to be wor   |  | ODDR              | \$0-\$50,000<br>\$50,001-\$100<br>\$100,001-\$50<br>\$500,001-\$1 n                    | 0,000  |                                  | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million | 0000  | \$1,000,000,001-\$10 billion   |  |
|      | How much do yo<br>liabilities to be?   | ou estimate you                                    | OKOO              | \$0-\$50,000<br>\$50,001-\$100,<br>\$100,001-\$500<br>\$500,001-\$1 n                  | 0,000  |                                  | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million | 0000  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |
| Part | 7: Sign Below  |  |                   |  |  |                                  |  |   |  |  |
| For  | you  | If I have o  | chosen tode. I un | to file under Ch<br>iderstand the re   | apter 7, I am aw<br>elief available un                                 | rare<br>ider                     | each chapter, and I choose to pe   | nder Cha<br>roceed (                                  | apter 7, 11,12, or 13 of title 11, United  |  |
|      |  |  |                   |  | ce required by 1<br>th the chanter of                                  |                                  | S.C. § 342(b).<br>11, United States Code, specific   | ed in thi   | s petition.  |  |
|      |  | l understa<br>bankrupte<br>and 3571                | and mak           | ting a false stat<br>can result in fin   | ement concealing   | na r                             | property, or obtaining money or p  | roperty   |  |  |
|      |  |  |                   | einer, Debtor 1<br>on <u>01/14/2023</u>  |  |                                  |  |   |  |  |

| ebtor 1            | Mark                   | W.          | Weiner                       |
|--------------------|------------------------|-------------|------------------------------|
|                    | First Name             | Middle Name | Last Name                    |
| ebtor 2            |                        |             |                              |
| Spouse, if filing) | First Name             | Middle Name | Last Name                    |
| ted States Ban     | kruptcy Court for the: |             | orthern District of Illinois |

Check if this is an amended filing

## Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is NOT an attorne | ey to help you fill out bankruptcy forms?   |
| √iNo  |   |
| Yes. Name of person                                       | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| X Mark W. Weiner, Debtor 1  Date 01/14/2023 MMV DD/ YYYY  | nary and schedules filed with this declaration and that they are true and correct.            |

| Part | 12: | Sign | Below |
|------|-----|------|-------|
|      |     | 0.3  | 2010  |

| I have read the answers on this Statement of Financial Affairs and any attachments and correct. I understand that making a false statement, concealing property, or obtankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years. | taining money or property by fraud in connection with a  |
|--|--|
| Signature of Mark W. Weiner, Debtor 1  |  |
| Date <u>01/14/2023</u>   |  |
| Did you attach additional pages to your Statement of Financial Affairs for Individual  | ls Filing for Bankruptcy (Official Form 107)?  |
| <b>√i</b> No   |  |
| Yes  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out ban  | kruptcy forms?   |
| <b>☑</b> No  |  |
| ☐ Yes. Name of person  | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |

| t 2: List You                  | First Name    | W.<br>Middle Name      | Weiner<br>Last Name                  | Case number (if known)  |
|--------------------------------|---------------|------------------------|--------------------------------------|---|
|                                | ur Unexpired  | Personal Propert       | ty Leases                            |   |
| any unexpired                  | personal prop | erty lease that you li | sted in Schedule G: Executory Contra | ncts and Unexpired Leases (Official Form 106G), fill in the n effect; the lease period has not yet ended. You may assume ar |
|                                |               | sonal property lease   |                                      | Will the lease be assumed?  |
| essor's name:                  |               |                        |                                      | □ No  |
| Description of le<br>property: | eased         |                        |                                      | Yes   |
| _essor's name:                 |               |                        |                                      | □ No  |
| Description of le              | eased         |                        |                                      | ☐ Yes   |
| _essor's name:                 |               |                        |                                      | □ No  |
| Description of I<br>property:  | eased         |                        |                                      | ☐ Yes   |
| Lessor's name:                 |               |                        |                                      | □ No  |
| Description of I<br>property:  | leased        |                        |                                      | ☐ Yes   |
| Lessor's name:                 |               |                        |                                      | □ No  |
| Description of loroperty:      | leased        |                        |                                      | ☐ Yes   |
| Lessor's name:                 |               |                        |                                      | □ No  |
| Description of loroperty:      | leased        |                        |                                      | ☐ Yes   |
| Lessor's name:                 |               |                        |                                      | □ No  |
| Description of property:       | leased        |                        |                                      | Yes   |

#### IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Weiner, Mark W.

CASE NO

**CHAPTER 7** 

## VERIFICATION OF CREDITOR MATRIX

|         |                 |                      | ACUILICATION |  |  |
|---------|-----------------|----------------------|--------------|--|--|
| The abo | ve named Debtor | hereby verifies that |              | creditors is true and correct to the best of | f his/her knowledge.                             |
| Date    | 01/14/2023      | Signature            | May fr. b    | Mark W. Weiner, Debtor                       | Angular to the public.<br>Angular to the public. |

| Debtor 1    | Mark                       | W. Weiner                 |                                      | Case number (ii known)                          |  |
|-------------|----------------------------|---------------------------|--------------------------------------|---|--|
|             | First Name                 | First Name Middle Name    | Last Name                            |   |  |
| Part 3: Sig |                            |                           |                                      |   |  |
| By signin   | g here, I declare und      | der-penalty of perjury th | at the information on this statement | ent and in any attachments is true and correct. |  |
| X_          | MANNE                      |                           |                                      |   |  |
| Signa       | ture of Debtor 1           |                           |                                      |   |  |
|             | 01/14/2023<br>MM/ DD/ YYYY | -                         |                                      |   |  |
| If you ch   | ecked line 14a, do N       | OT fill out or file Form  | 122A-2.                              |   |  |

If you checked line 14b, fill out Form 122A-2 and file it with this form.